1679

MARYLAND STATE DEPARTMENT OF HEALTH

01676

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 1110 Linden Ave.

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) Amos (Last) Ailes
4. DATE OF DEATH (Month) 2 (Day) 9 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 9-17-'12
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Manager
10b. KIND OF BUSINESS OR INDUSTRY Used car dept.
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert Brown Ailes
14. MOTHER'S MAIDEN NAME Katherine Edna Corrigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 218-01-2913
17. INFORMANT AND ADDRESS Douglas L. Carroll (Brother-in-Law)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

541.0
Immediate cause (a) Hemorrhage due to ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) duodenal ulcer

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-9-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/12/54
NAME OF CEMETERY OR CREMATORY New Cathedral Cem.
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 2/10/54
REGISTRAR'S SIGNATURE A.W. Hedrick Jr
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1709

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY MONTG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KENSINGTON
LENGTH OF STAY (in this place) 2 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 CARROLL LANE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD COUNTY MONTG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
STREET ADDRESS (If rural, give location) 303 ELM AVE

3. NAME OF DECEASED (Type or Print) (First) Harriet (Middle) (Last) Armstrong

4. DATE OF DEATH (Month) Feb (Day) 24, (Year) 1954

5. SEX Fe

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH July 30, 1873

9. AGE last birthday 80 yrs.

If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) OHIO

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John M. Armstrong

14. MOTHER'S MAIDEN NAME Marion B. Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs Paul R Carter 303 Elm Ave Tak. Pk. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Congestive heart failure — Interval between onset and death: 1 week

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Broncho pneumonia — Feby 1 to 10 '54

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feby 10, 1954, to Feby 24, 1954, that I last saw the deceased alive on Feby 24, 1954, and that death occurred at 6.15 A. m., from the causes and on the date stated above.

SIGNATURE John M. Andrews (Degree or title) M.D. ADDRESS Silver Spring Md DATE SIGNED 2-24-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE Feb 1954 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) CINCINNATI, (State) OHIO

DATE REC'D BY LOCAL REG. 2-24-54 REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Arthur L Walters ADDRESS 2514 Carroll St NW. Takoma Park 12, D.C.

RECEIVED
FEB 26 1954
BUREAU V. S.

Item 7 Film G 151 2/10/54 cm

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring,
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 409 Hillmoor Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Indiana — COUNTY: Whitley County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Columbia City
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) FLORA (Middle) N. (Last) AUER

4. DATE OF DEATH: (Month) February (Day) 4 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: Jan. 18, 1866

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Johnson Co., Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Matthew McFarren

14. MOTHER'S MAIDEN NAME: Mary Sanford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: (Silver Spring, Md. Mrs. Minnie Mae Barringer, 409 Hillmoor Dr.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443X Immediate cause	(a) Cardiac Decompensation	3-4 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	?
	(c) Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, to 4 Feb, 1954, that I last saw the deceased alive on 28 Jan, 1954, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William D. Auf	MD	Silver Spring Md	4 Feb'54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Trans. & Burial	2/6/54	Eberhard Cemetery	Whitley County, Indiana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-5-54	Frances Potter	Warner & Pumphrey	8434 Georgia Ave. Silver Spring, Md.

RECEIVED
FEB 8 1954
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 7906 Lynbrook Drive

3. NAME OF DECEASED: (Type or Print) (First) ERNST (Middle) ARNOLD (Last) BACHSCHMID

4. DATE OF DEATH (Month) Feb. (Day) 6, (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Aug. 2, 1935	18 yrs.	6	4		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Student	Bucknell Univ.	Washington, D.C.	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Carl A. Bachschmid	Sue M. Barneveld

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		C.A. Bachschmid - Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Abdominal hemorrhage	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Rupture of liver	1 hr 10 min
DUE TO		
	(c) Automobile accident	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	Street	Bethesda	Mont.	Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
2-6-54 - 8:55 P M.		auto accident Auto Pedestrian

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Broschart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 2-6-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-9-54	Prospect Hill	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/9/54	Bessie M Thompson	Robert H. Pumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
FEB 11 1954
BUREAU V. S.

171

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01680

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) 4101 Star Ave

3. NAME OF DECEASED: (Type or Print) (First) Lena (Middle) Ruse (Last) Beall

4. DATE OF DEATH: (Month) February (Day) 8 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12.29.81

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Eli Tavenor Ruse

14. MOTHER'S MAIDEN NAME: Sara Ellen Richards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 154X (a) Adenocarcinoma of Rectum. — Interval Between Onset And Death 6 mo

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

260X (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus. — Yrs.

19a. DATE OF OPERATION: 1/29/54

19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Rectum & Obstruction

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/24, 1954, to 2/8, 1954, that I last saw the deceased alive on 2/8, 1954, and that death occurred at 10:25 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D. Sandy Spring Md 2/9/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Feb 12 1954

NAME OF CEMETERY OR CREMATORY Union Cemetery

LOCATION (City, town, or county) (State) Burtonsville, Md

DATE REC'D BY LOCAL REGISTRAR 2/12-1954

REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR W. A. Donaldson

ADDRESS Laurel, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:
COUNTY Mont. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove
LENGTH OF STAY (in this place) 53 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Katie (Middle) Trumbell (Last) Becraft

4. DATE OF DEATH: (Month) Feb (Day) 12 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: July 19-1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months 6 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home Work
11. BIRTHPLACE (State or foreign country): Ridgeville, Md.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Penn
14. MOTHER'S MAIDEN NAME: Eleanore Watkins

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Herbert Becraft, Gaithersburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 1/2 hr

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension — 2 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1952, to 2-12, 1954, that I last saw the deceased alive on 2-12, 1954, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank J. Brosbart M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-13-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-14-54
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) (State) Gaithersburg, Md.

DATE REC'D BY LOCAL REGISTRAR Feb 13, 1954
REGISTRAR'S SIGNATURE Almeda G. Cooke
24. FUNERAL DIRECTOR Ernest C. Gartner/Gaithersburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 16 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda Rural
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
STREET ADDRESS (If rural give location): Box 33

3. NAME OF DECEASED: (First) Mary (Middle) Lee (Last) BLANK
4. DATE OF DEATH: (Month) Feb (Day) 18 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Single	9 Feb 1954	9		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
N[redacted]	None	Maryland	US

13. FATHER'S NAME: Vincent E. BLANK
14. MOTHER'S MAIDEN NAME: Nancy D. ZWEIFEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S ADDRESS
No	- -	- -	Father Vincent E. BLANK Box 33 Riverdale, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) [illegible]	[illegible]
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) [illegible]	[illegible]
	DUE TO (c) [illegible]	

762.5

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Feb, 19 54, to 18 Feb, 19 54, that I last saw the deceased alive on 18 Feb, 19 54, and that death occurred at 0513 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

P. G. HOVEMAN LT, MC, USN U. S. Naval Hospital, NNMC, Bethesda, Maryland 2-19-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 19 Feb 1954 | NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 19 Feb 1954 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: R. A. POMPHREY FUNERAL HOME | ADDRESS: 7557 Wisconsin Ave., Bethesda, Maryland

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

Film#G162 Item# 13,14 3/8/54 emf

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Inst Cedarcroft

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE VA COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexandria
STREET ADDRESS (If rural, give location) Theological Seminary

3. NAME OF DECEASED (Type or Print) (~~First~~) Bowie, Elizabeth (~~Middle~~) B (Last)

4. DATE OF DEATH (Month) Feb (Day) 27 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 4, 1861
9. AGE last birthday 92 yrs. If under 1 year: Months, Days; If under 24 hr: Hours, Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) VA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James R. Branch
14. MOTHER'S MAIDEN NAME Martha Patteson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Cedarcroft

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334X

Immediate cause (a) Broncho-pneumonia

Antecedent cause(s) Cachexia through mental status

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral-arterio sclerosis

(c) with psychosis.

INTERVAL BETWEEN ONSET AND DEATH: about 24 hrs; about 6 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1954, to Feb 28, 1954, that I last saw the deceased alive on Feb 28, 1954, and that death occurred at 1.20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. E. Andrew, M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE Feb 27, 1954
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Alexandria (State) VA

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Cunningham Funeral Home ADDRESS

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 4hrs 25min
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D. C.
STREET ADDRESS (If rural give location) 1247 So. Carolina Ave, SE Washington, D.C.

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) Junior (Last) BOYER
4. DATE OF DEATH: (Month) (Day) (Year) February 23 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6 July 1930
9. AGE last birthday: 23 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): USMC
10b. KIND OF BUSINESS OR INDUSTRY: USMC
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Clarence BOYER
14. MOTHER'S MAIDEN NAME: Prudence LOWE
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1948 -1954
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: (Wife) Helen A. BOYER 1247 South Carolina Ave, SE Washington, D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 4201 (a) Infarction, myocardium, cause unknown — Interval Between Onset And Death 7 hours.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Feb, 1954, to 23 Feb, 1954, that I last saw the deceased alive on 23 Feb, 1954, and that death occurred at 2:25pm, from the causes and on the date stated above.

SIGNATURE R. O. Peckinpaugh (Degree or title) ADDRESS DATE SIGNED
R. O. PECKINPAUGH LT, MC, USN U. S. Naval Hospital, NNMC, Bethesda, Maryland 2-25-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1 Mar 1954
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REGISTRAR 24 February 1954
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR R.H. POMPANEY FUNERAL HOME ADDRESS 7557 WISCONSIN AVE, BETHESDA, MARYLAND

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 -214

CERTIFICATE OF DEATH

Reg. Dist. No. 9284

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lane Nursing Home 9810 Georgia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Plattsburg 67X-3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MAUD (Middle) C (Last) BRISTOL

4. DATE OF DEATH: (Month) FEB. (Day) 18 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 2, 1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Pauling, New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John MacGlasson

14. MOTHER'S MAIDEN NAME: Olivia Hurd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Col. Harold W. Urhbrock, 1649 E 50th St. Chicago, Ill.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 442X (a) CEREBRAL HEMORRHAGE DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ESSENTIAL HYPERTENSION DUE TO

260X (c) HYPERTENSIVE HEART DISEASE

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITIS

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB. 18, 1952, to FEB. 18, 1954, that I last saw the deceased alive on FEB. 18, 1954, and that death occurred at 4:45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Henry M. Lowden M.D. ADDRESS 5206 Norway Dr. Chevy Chase, Md. DATE SIGNED 2/18/54

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial

DATE THEREOF 2/20/54

NAME OF CEMETERY OR CREMATORY Poughkeepsie Rural Cemetery

LOCATION (City, town, or county) (State) Poughkeepsie, New York

DATE REC'D BY LOCAL REGISTRAR Feb 19, 54

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BURLEY V. S.

1718

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural X
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Quantico
STREET ADDRESS (If rural give location) 2300 A Chamberlain Village

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) BUCKLEY
4. DATE OF DEATH: (Month) Feb (Day) 15 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 4 Feb 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Leonard BUCKLEY
14. MOTHER'S MAIDEN NAME: Boudrot JACEQUILINE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) No (If Yes, give war or dates of service) - -
16. SOCIAL SECURITY No.: - -
17. INFORMANT & ADDRESS: Father Leonard BUCKLEY 2300 A Chamberlain Village, Quantico, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4

Immediate cause (a) cadiac failure — Interval Between Onset And Death: terminal

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Congenital Heart Disease, type unknown — 18 days

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Feb, 19 54, to 15 Feb, 19 54, that I last saw the deceased alive on 15 Feb 19 54, and that death occurred at 1220 pm, from the causes and on the date stated above.

SIGNATURE M S Allen (Degree or title) ADDRESS DATE SIGNED
M. S. ALLEN LT, MC, USNR U. S. Naval Hospital, NNMC, Bethesda, Maryland 2/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal Transport. DATE THEREOF 15 Feb 1954 NAME OF CEMETERY OR CREMATORY - - LOCATION (City, town, or county) (State) Cambridge, Mass.

DATE REC'D BY LOCAL REGISTRAR 15 Feb 1954 REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR R. A. POMPHREY FUNERAL HOME ADDRESS 7557 Wisconsin Ave., Bethesda, Maryland

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 13 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4512 Windsor Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgom
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 4512 Windsor Lane

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) (Last) Carroll
4. DATE OF DEATH: (Month) Feb. (Day) 10 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 1/9/1885
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Hudlow
14. MOTHER'S MAIDEN NAME: Abigail Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Thomas F. Carroll 417 Evart St. N.E.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Arteriosclerosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 1 yr.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 15, 1952, to Feb. 6, 1954, that I last saw the deceased alive on Feb. 6, 1954, and that death occurred at home, from the causes and on the date stated above.

SIGNATURE Arthur H Lewis (Degree or title) MD ADDRESS 1714 R I Ave NW Washington DC DATE SIGNED 2-10-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 2/12/54 NAME OF CEMETERY OR CREMATORY Mt. Olivet LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 2/10/54 REGISTRAR'S SIGNATURE Bessie McKompson

24. FUNERAL DIRECTOR Nalley's Funeral Home ADDRESS 3200 R. I. Ave. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
BUREAU V. S.

~~1719~~ 1720

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY Manhattan
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (In this place) 2 weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New York City
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5-217 Roosevelt St	STREET ADDRESS (If rural give location) 776 Lexington Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
THOMAS	STUART	CLARK	Feb	16	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	9/25/76	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Accountant - Retired		London England	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward W Clark	Elizabeth Hancock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No	[illegible]	Lloyd S Anderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332 X

Immediate cause (a) Cerebral embolism

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 2/11, 1954, to 2/16, 1954, that I last saw the deceased alive on 2/16, 1954, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. L. Marks m.d.		6306 Wisconsin Ave	2/16/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	2/17/54	Parkview	Schenectady, New York

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/20/54	Bessie M. Thompson	Robert H. Humphrey	Bethesda, Md.

VS. A15

RECEIVED
FEB 23 19
BUREAU V. S.

1781

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
RURAL LENGTH OF STAY (in this place) 2wks 2da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharon, Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Olney~~ Sandy Spring
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mabel (Middle) S. (Last) Conner

4. DATE OF DEATH: (Month) Feb. (Day) 9 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: June 22, 1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months 7 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country) Rochester N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Stone
14. MOTHER'S MAIDEN NAME: Sarah Clements

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. George W. Eastment. 9319 Old Bladensburg Rd. Silver Spr. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) CARDIAC FAILURE - STASIS PNEUMON-

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ITIS - OLD C.V.A - GEN. ARTERIO -

DUE TO

(c) SCLEROSIS + DEBILITATION - SENILITY

Interval Between Onset And Death 48 HRS.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-23, 1954, to 2-9-, 1954, that I last saw the deceased alive on 2-8, 1954, and that death occurred at 6:15 AM, from the causes and on the date stated above.

SIGNATURE John Bosley Ziegler (Degree or title) MD ADDRESS Olney, Md DATE SIGNED 9 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 2/10/1954
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) Prince George (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 2-9-54
REGISTRAR'S SIGNATURE Gertrude B Fowler
24. FUNERAL DIRECTOR Robert A. Humphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 11 19
BUREAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 7-23-

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
MARYLAND
LENGTH OF STAY (in this place) 7/1
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 757 Silver Spring Avenue

3. NAME OF DECEASED (Type or Print) (First) Esther (Middle) (none) (Last) Cooley

4. DATE OF DEATH (Month) 2 (Day) 20 (Year) 1954

5. SEX Female

6. COLOR OR RACE Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 1-29-1873

9. AGE last birthday 81 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or Foreign Country) Virginia

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME John Stevens

14. MOTHER'S MAIDEN NAME Sarah E. Ault

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or Unknown) No - (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

2227

Immediate cause (a) Cerebral thrombosis due to — Interval between onset and death: 16 hours

Antecedent cause (b) Arteriosclerosis generalized. — many years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — many years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 1950, to Feb 20, 1954, that I last saw the deceased alive on Feb 20, 1954, and that death occurred at 1 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clara H. Traum M.D. ADDRESS 8237 Georgia Ave Silver Spring Md DATE SIGNED Feb 20 1954

23. BURIAL, CREMATION / REMOVAL (Specify) Burial DATE Feb 22, 1954 NAME OF CEMETERY OR CREMATORY Monocacy Cemetery LOCATION (City, town, or county) Beallsville (State) Md.

DATE REC'D BY LOCAL REG. Feb 21 1954 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring Md.

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Montrose Ville (Rural) LENGTH OF STAY (In this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Elite Laundry

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darnestown (Rural)
STREET ADDRESS (If rural give location) Box 467 Rockville, Md.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Lewis (Last) Crawford, Sr
4. DATE OF DEATH (Month) Feb (Day) 24 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 2-3-1894
9. AGE last birthday 60 yrs. If under 1 year Months 0 Days 21 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard
10b. KIND OF BUSINESS OR INDUSTRY N.T.H
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles F Crawford
14. MOTHER'S MAIDEN NAME Laura Yingling
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Yes-214-10-2958
17. INFORMANT Pauline Crawford (wife) Item 3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-24-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 2-27-54 NAME OF CEMETERY OR CREMATORY Mt. Olivet LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG 2/25/54 REGISTRAR'S SIGNATURE Bessie M. Thompson 24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Maryland

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BUREAU V.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PK.
LENGTH OF STAY (in this place) 2 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY MONT.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA. PK.
STREET ADDRESS (If rural give location) 703 N.Y. AVE

3. NAME OF DECEASED: (Type or Print) (First) ETHEL (Middle) THELMA (Last) CRAWFORD
4. DATE OF DEATH: (Month) 2 (Day) 12 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: July 28, 1895
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): WEST VA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: FRANK HAZARD
14. MOTHER'S MAIDEN NAME: Lillian ADAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: JOHN CRAWFORD SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Metastatic Carcinoma

DUE TO of the brain — 4 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO Carcinoma of ascending colon and right lung — 3½ years

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 24, 1953, to Feb. 12, 1954, that I last saw the deceased alive on Feb. 12, 1954, and that death occurred at 8:24 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Little M.D. ADDRESS 6911 5th st. N.W. Washington 12 D.C. DATE SIGNED

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF 2/15/54 NAME OF CEMETERY OR CREMATORY The Mt Comfort LOCATION (City, town, or county) Alexandria (State) Va

DATE REC'D BY LOCAL REGISTRAR 2/14/54 REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2901-14th N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 218

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. ~~216~~

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove
LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington Grove
STREET ADDRESS (If rural, give location) Oakmont Ave

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) Alexander (Last) Davis

4. DATE OF DEATH (Month) Feb (Day) 6 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Jan 31. 1905
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Fire Marshalls - National
10b. KIND OF BUSINESS OR INDUSTRY: Industry of Health
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Roland Davis
14. MOTHER'S MAIDEN NAME: Margaret M. Du Gerry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) W.W. 11
16. SOCIAL SECURITY NO.: 219-16-0998
17. INFORMANT & ADDRESS: Audrey M Davis Washington Grove - Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

9 1-1

Immediate cause (a) Carbon monoxide poisoning

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in auto.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm
21c. (City or town) Washington Grove (County) Montg. (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-5-54 7 A M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? attached hose to exhaust extending [illegible]

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-5-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2/9/54
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REG. 2-8-54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gasch's Sons, Hyattsville Md ADDRESS

~~2-10-54~~ Alverda L. Cook

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK

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...UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: 615 Gist Ave.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: 615 Gist Ave
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location) 615 Gist Avenue

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Samuel (Last) Davis
4. DATE OF DEATH: (Month) Feb. (Day) 26 (Year) 1954
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 30, 1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Realtor
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Samuel I. Davis
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Ruth Davis, Wife - 615 Gist Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Acute Pulmonary Edema — Interval Between Onset And Death: 30 minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive and Arteriosclerotic Cardio — about 12 years

DUE TO Vascular Disease

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/6, 1954, to 2/26, 1954, that I last saw the deceased alive on 2/25, 1954, and that death occurred at 7:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Benjamin Isaacson, M.D. ADDRESS 7896 Georgia Ave. Silver Spring, Md. DATE SIGNED 2/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb 28, 1954
NAME OF CEMETERY OR CREMATORY King David New Garden
LOCATION (City, town, or county) Falls Church, Va. (State)
DATE REC'D BY LOCAL REGISTRAR 2/2/54
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR B. Danzansky & Son - Wash. D.C. ADDRESS

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH · COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (In this place): 75
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: New York — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Margaretville
STREET ADDRESS (If rural, give location): Orchard St.

3. NAME OF DECEASED (Type or Print): (First) Juanita (Middle) (Boyes) (Last) Dawson

4. DATE OF DEATH (Month) Feb. (Day) 12 (Year) 1954

5. SEX: W

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 24 1912

9. AGE last birthday: 41 yrs.
If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Boyes

14. MOTHER'S MAIDEN NAME: Irene Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY No.: -

17. INFORMANT AND ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Uremia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Renal art rio- a arteriolarsclerosis, severe

(c) Diabetes mellitus.

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: - - -

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: -

(CITY OR TOWN) - - (COUNTY) - (STATE) -

TIME OF INJURY (Month) - (Day) - (Year) - (Hour) - m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? - - - - -

22. I hereby certify that I attended the deceased from Nov. 30, 1953, to Feb. 12, 1954, that I last saw the deceased alive on Feb. 12, 1954, and that death occurred at 7:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Lowell J. Taylor M.D.
ADDRESS: The Clinical Center, National Institutes of Health
DATE SIGNED: Feb. 12 54

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE: 2/16/54
NAME OF CEMETERY OR CREMATORY: Rides
LOCATION (City, town, or county) (State): Delaware Co., New York

DATE REC'D BY LOCAL REG. 2/13/54
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Robert A. Humphrey
ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park. LENGTH OF STAY (in this place) 27 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C.
STREET ADDRESS (If rural, give location) 1882 Columbia Rd. N.W.

3. NAME OF DECEASED (Type or Print) (First) Dorothy (Middle) Carolyn (Last) Day

4. DATE OF DEATH (Month) 2 (Day) 19 (Year) 1954

5. SEX Female
6. COLOR OR RACE Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 12-15-99
9. AGE last birthday 54 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gov. employee
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Oliver Day
14. MOTHER'S MAIDEN NAME Carrie Beedle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

174X

Immediate cause (a) Carcinomatosis, generalized, abdominal 6 mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adenocarcinoma of uterus known 8 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 28, 1954, to Feb. 19, 1954, that I last saw the deceased alive on Feb. 18, 1954, and that death occurred at 2 A.m., from the causes and on the date stated above.

SIGNATURE Vance J. Maloney Jr. (Degree or title) M.D. ADDRESS Takoma Park Md. DATE SIGNED Feb. 19 1954

23. BURIAL, CREMATION REMOVAL (Specify) [illegible] DATE 2/20/5[illegible] NAME OF CEMETERY OR CREMATORY [illegible] Cem. LOCATION (City, town, or county) Brookport, (State)

DATE REC'D BY LOCAL REG. Feb. 19 1954 REGISTRAR'S SIGNATURE J. Arthur Dodd
24. FUNERAL DIRECTOR S.H. Hines Co. ADDRESS 2901 14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY — MARYLAND; CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) — LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) Hart (Last) Day

4. DATE OF DEATH: (Month) February (Day) 1 (Year) 19

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE Last birthday: yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles G. Hart

14. MOTHER'S MAIDEN NAME: Grace R. Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: U.S. Naval Hos

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic carcinoma to brain (multiple) — Interval Between Onset And Death: 2+ months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma, breast — 6+ years.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21, 19 54, to 1, 19 54, that I last saw the deceased alive on 1, 19 54, and that death occurred at 1:3 , from the causes and on the date stated above.

(Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify); DATE THEREOF; NAME OF CEMETERY OR CREMATORY; LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR; REGISTRAR'S SIGNATURE

February 1, 1954 Mary E. Caselly

24. FUNERAL DIRECTOR ADDRESS

RECEIVED
BUREAU V.S.

1742

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4627 Chestnut Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4627 Chestnut Street

3. NAME OF DECEASED (Type or Print) (First) DAISIE (Middle) Pauline (Last) DENT

4. DATE OF DEATH (Month) Feb. (Day) 25 (Year) 1954 19

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 3/14/1878

9. AGE last birthday 75 yrs. If under 1 year Months. If under 1 day Days. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Charles Co. Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Riley F. Hayden

14. MOTHER'S MAIDEN NAME Mary Josephine Herbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Thomas S. Dent- Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15/X

Immediate cause (a) Adenocarcinoma of Stomach — Interval Between Onset and Death: 4 mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — 8 mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1953, to Feb. 25, 1954, that I last saw the deceased alive on Feb. 24, 1954, and that death occurred at 12 18 p. m., from the causes and on the date stated above.

SIGNATURE Leo M. Curtis, M. D. (Degree or title) ADDRESS 5707 Wisconsin Ave., Chevy Chase, Md. DATE SIGNED 2/25/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 3/1/1954

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) Prince George (State) Maryland

DATE REC'D BY LOCAL REG. 2/26/54

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Roberts A. Pumphrey ADDRESS Bethesda, Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 Shepherd Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 101 Shepherd Street

3. NAME OF DECEASED: (Type or Print) (First) JANE (Middle) DONAHUE (Last) DOYLE

4. DATE OF DEATH (Month) Feb. (Day) 12, (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 15, 1901
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months 5 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: In home
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Donohue
14. MOTHER'S MAIDEN NAME: Mary F. Sliney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Jos. [illegible] Doyle, Sr.-[illegible] 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden death

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)

DUE TO

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Pirosetrait M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-13-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2-15-54
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 2/13/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert N. Humphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

Item 18 Film G161 2/19/54 ams

1744

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — MARYLAND LENGTH OF STAY (in this place) Five — HOSPITAL OR INSTITUTION OR STREET ADDRESS Jail cell

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monty — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — STREET ADDRESS (If rural, give location) Linden

3. NAME OF DECEASED (Type or Print): (First) Steve (Middle) (Last) Duvall

4. DATE OF DEATH: (Month) Feb (Day) 2 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct 27 1902

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Duvall

14. MOTHER'S MAIDEN NAME: Annie Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Milton Duvall, 1513-R St. N.W. Wash. DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Alcoholism

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Autopsy findings were negative. Lab. findings showed Spinal Fluid contained 0.4% ethyl alcohol.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Bouchart M.D. — ADDRESS: Gaithersburg Md — DATE SIGNED: 2-2-54

23. BURIAL, CREMATION OR REMOVAL: Burial — DATE: 2/9/54 — NAME OF CEMETERY OR CREMATORY: Hatti — LOCATION (City, town or county) (State): Rockville, Md

DATE REC'D BY LOCAL REG.: 2/1/54 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Robert L. Snowden - Rockville, Md — ADDRESS:

VS. A15A

1745

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgom — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Silver Spring — LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Mary — COUNTY Montgom
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Plummer 1241 Georgia Ave
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LEICHEN (Middle) — (Last) DWYER

4. DATE OF DEATH: (Month) Feb (Day) 5 (Year) 1954

5. SEX: Male — 6. COLOR OR RACE: Wht — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower — 8. DATE OF BIRTH: Nov 24 1877 — 9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: own Home — 11. BIRTHPLACE (State or foreign country): Germany — 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Unknown — 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — 17. INFORMANT & ADDRESS: Charles E Dwyer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 331X Crushed Hemorrhage — 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis. Myocarditis — 3yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1 ,1957, to 2/5/54, that I last saw the deceased alive on 2/4/54, and that death occurred at 11.15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. — ADDRESS Silver Spring — DATE SIGNED 2/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Feb 8 1954 — NAME OF CEMETERY OR CREMATORY Prospect Hill — LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REGISTRAR Feb 6-54 — REGISTRAR'S SIGNATURE Frances Potter — 24. FUNERAL DIRECTOR — ADDRESS Roy H. Barber Laytonsville Md

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 6½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewater
STREET ADDRESS (If rural give location) Rt 2, Box 38

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) Augusta (Last) Dye

4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 3-1-67
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Hsw f.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Beach
14. MOTHER'S MAIDEN NAME: Ann Ennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Old Rec. Wash. Sanitarium

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

443X Immediate cause (a) Cerebral Vascular accident — 27 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis, cerebral & general — unknown

200X DUE TO (c) Hypertensive vascular disease — "

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus, senile type — "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1953, to Feb. 1, 1954, that I last saw the deceased alive on Feb. 1, 1954, and that death occurred at 6 PM, from the causes and on the date stated above.

SIGNATURE Vance J. Maloney (Degree or title) Jr. MD ADDRESS Takoma Park Md DATE SIGNED Feb. 1 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 4 1954
NAME OF CEMETERY OR CREMATORY Grace Methodist Church Cemetery
LOCATION (City, town, or county) Fauquier Co. (State) Va.

DATE REC'D BY LOCAL REGISTRAR February 1st 1954
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. Wm Lee & Sons Co. ADDRESS 300 - 4th St. N.E. Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 423

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
MARYLAND LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7300 Baltimore Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D. C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2613 - 13th Street, N. W.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Steed (Last) Edelen

4. DATE OF DEATH: (Month) Feb. (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 18, 1875

9. AGE Last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Public Schools

11. BIRTHPLACE (State or foreign country): St. Mary's Co. Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Dr. Phillip R. Edelen

14. MOTHER'S MAIDEN NAME: Rebecca Steed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. George Edelen 2613 13th St. N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Inanition with acidosis — Interval between onset and death: 7 wks.
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Senile Dementia — 2 mo.
DUE TO
(c) Basal Cell Epithelioma, left eye — 7 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 5, 1954, to Feb. 13, 1954, that I last saw the deceased alive on Feb. 12, 1954, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Wallace M. Mook M.D. 7701 Carroll Ave. Takoma Park, Md. Feb. 13, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/15/54 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem. — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: Feb. 13 1954 — REGISTRAR'S SIGNATURE: J. Milton Dodd

24. FUNERAL DIRECTOR — ADDRESS: Francis J. Collins 3821-14th St. N.W. Wash. D.C.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

IT MHS [illegible]

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY Fr. Co.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HYATTSVILLE
STREET ADDRESS (If rural give location) 6519 MEDWICK DR

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) ~~[illegible]~~ Hugh (Last) ERSKINE

4. DATE OF DEATH: (Month) 2 (Day) 17 (Year) 1954

5. SEX: [illegible]
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: FEB 2, 1879
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): MINISTER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PENN.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: HUGH ERSKINE
14. MOTHER'S MAIDEN NAME: WILHELMINA WEIR

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: JOHN C. ERSKINE - 9515 EVERGREEN ST. SPR. MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Renal Insufficiency (Uremia)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertension with

DUE TO (c) Hypertensive Renal Disease

Interval Between Onset And Death @ 72 hrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebro-vascular Hemorrhage (old)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1954, to February, 1954, that I last saw the deceased alive on 2-17, 1954, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bernard A. Fitzgerald Mt
ADDRESS 9620 Old Bladensburg Rd SS. Md
DATE SIGNED 2/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible]
DATE THEREOF FEB 11, 54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REGISTRAR [illegible]
REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR [illegible]
ADDRESS [illegible]

BUREAU V. S

Film#G162 Item# 7,13 3/8/54 emf

1723

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Bethesda, Md
LENGTH OF STAY (in this place) 10 mm
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Md
STREET ADDRESS (If rural give location) 8703 1st Ave

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) (Last) Fletcher

4. DATE OF DEATH: (Month) February (Day) 27 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 10-11-75

9. AGE Last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Clements, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Francis Guy

14. MOTHER'S MAIDEN NAME: Rose Mattingly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 1 hour

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c) Coronary Art. Sclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastatic carcinoma in lung, moderate 2 mos

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Feb, 1954, to 27 Feb, 1954, that I last saw the deceased alive on 27 Feb, 1954, and that death occurred at 12 10 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Wilson L. White M.D. — ADDRESS 9427 Georgia Ave Silver Spring Md — DATE SIGNED 27 Feb 54

23. BURIAL, ~~REMOVAL~~, CREMATION, (Specify) Burial — DATE THEREOF 1 March 1954 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Suitland, MD.

DATE REC'D BY LOCAL REGISTRAR 2/27/54 — REGISTRAR'S SIGNATURE Bernice M. Thompson

24. FUNERAL DIRECTOR — ADDRESS Mattingly Funeral Home - 132-11th St. S.E. Wash. D.C.

VS. A15

MAR 2
BUREAU V. S.

1924

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:
COUNTY Monty MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beallsville
LENGTH OF STAY (in this place) 71 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monty
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beallsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Mae (Last) Ford
4. DATE OF DEATH: (Month) Feb (Day) 11 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH:
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Simpson
14. MOTHER'S MAIDEN NAME: Annie McLickey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Henry Ford, Beallsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 24 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerotic - Hypertensive Disease — 20 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to 11 Feb., 1954, that I last saw the deceased alive on 11 Feb., 1954, and that death occurred at 9.30 AM, from the causes and on the date stated above.

SIGNATURE Gordon M Smith (Degree or title) M.D. ADDRESS Barnesville DATE SIGNED 11 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/14/54
NAME OF CEMETERY OR CREMATORY Monocacy
LOCATION (City, town, or county) (State) Beallsville, Md

DATE REC'D BY LOCAL REGISTRAR Feb. 12, 1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR William B Hilton ADDRESS Barnesville, Md.

RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 Pine Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4728 - 9th St. N.W.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Mary	Hayward	Fortier	Feb.	20	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Nov. 23 1870	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerk	Government	Plattsburg N.Y.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Alfred Hayward	Mary Ann Ferris

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
No	?	Emma F. Hayward Washington, D.C. 4728 - 9th St. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
443X Immediate cause	(a) Cerebral vascular accident	7 hours
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cerebral arteriosclerosis	years
DUE TO		
	(c) Hypertensive cardio-vascular disease	years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 9-7, 1953, to 2-20, 1954, that I last saw the deceased alive on Feb. 20, 1954, and that death occurred at 7:50 P.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Walter M. Mook M.D.		7701 Carroll Ave. Takoma Pk. Md.	2-20-54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/24/1954	Rock Creek Cemetery	Webster St NW, Wash DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 22 1954	[signature]	W.W. Chambers Co	1400 Chapin St N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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BUREAU V. S

172

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8109 Georgia Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 8109 Georgia Ave.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Jefferson (Last) Frey

4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 3, 1870

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Veterinarian

10b. KIND OF BUSINESS OR INDUSTRY: Own business

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Frey

14. MOTHER'S MAIDEN NAME: Julia Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mr. John R. Frey, 10,219 Grant Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Congestive Heart Failure — Interval Between Onset And Death: 7

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Arteriosclerotic Heart Disease — 2

DUE TO

(c)

420.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 1952, to Feb. 1, 1954, that I last saw the deceased alive on Jan. 31, 1954., and that death occurred at 1 00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Marion Burstead M.D. — ADDRESS 9241 Col. Blvd. Silver Spring Md. — DATE SIGNED 2/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2/4/54 — NAME OF CEMETERY OR CREMATORY Glenwood Cemetery — LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 2-2-54 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warren E. Pumphrey — ADDRESS 8434 Georgia Ave. Silver Spring, Md.

FEB 4 1954
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH:
COUNTY ... MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ... | LENGTH OF STAY (in this place) ...
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital (T)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY ...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ( ) Chevy Chase
STREET ADDRESS (If rural give location) 4809 Bayard Blvd.

3. NAME OF DECEASED: (Type or Print) (First) ... (Middle) ... (Last) ...
4. DATE OF DEATH: (Month) ... (Day) ... (Year) 19...

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If UNDER 1 YEAR: Months	Days	If UNDER 24 HRS.: Hours	Min.
Male	White	Married	Sept. 14, 1839	84 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: ...
11. BIRTHPLACE (State or foreign country): ...
12. CITIZEN OF WHAT COUNTRY? ...

13. FATHER'S NAME: J. Milton Funkhouser
14. MOTHER'S MAIDEN NAME: ... Sherma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes | (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY No.: ... 540
17. INFORMANT & ADDRESS: Wife: Helen May Funkhouser

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Valvular heart disease, aortic stenosis — Interval Between Onset And Death: 20 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) ...
DUE TO (c) ...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia — 4 days

19a. DATE OF OPERATION: ... | 19b. MAJOR FINDINGS OF OPERATION ... | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ... | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ... | (CITY OR TOWN) ... (COUNTY) ... (STATE) ...

TIME OF INJURY (Month) ... (Day) ... (Year) ... (Hour) ... m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? ...

22. I hereby certify that I attended the deceased from ... ,19.., to ... ,19.., that I last saw the deceased alive on ... 6 ,19.., and that death occurred at ... ., from the causes and on the date stated above.

SIGNATURE H.H. Sparks (Degree or title) ... ADDRESS ... DATE SIGNED ...

23. BURIAL, CREMATION, REMOVAL (Specify) ... | DATE THEREOF ... | NAME OF CEMETERY OR CREMATORY ... | LOCATION (City, town, or county) ... (State) ...

DATE REC'D BY LOCAL REGISTRAR ... | REGISTRAR'S SIGNATURE Mary E. Farrelly | 24. FUNERAL DIRECTOR ... | ADDRESS ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB
BUREAU V. S.

1727

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg X
STREET ADDRESS (If rural give location) Asbury Methodist Home

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) Jane (Last) Gemmill

4. DATE OF DEATH: (Month) Feb (Day) 13 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Sept-30-1856
9. AGE last birthday: 97 yrs. IF UNDER 1 YEAR Months 4 Days 14 IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): home-keeping
10b. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): Freeland, Baltimore Co., Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Lee Gemmill
14. MOTHER'S MAIDEN NAME: Sarah Jane Freeland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: deceased's record of Asbury Methodist Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 96.0 (a) senile — Interval Between Onset And Death: years

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) lobar pneumonia — 1 week
DUE TO (c) trauma (shock) getting out of bed & fell. — 7 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) 2-4-54
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) her room (CITY OR TOWN) Gaithersburg (COUNTY) Montg (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? getting out of bed in her confusion

22. I hereby certify that I attended the deceased from Oct-20, 1950, to Feb-13, 1954, that I last saw the deceased alive on Feb-13, 1954, and that death occurred at 8:30 PM, from the causes and on the date stated above.

SIGNATURE William E. Miller, M.D. (Degree or title) 7-Brooke Ave., ADDRESS Gaithersburg, Md. DATE SIGNED 2/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-16-54
NAME OF CEMETERY OR CREMATORY Mt Zion Cemetery
LOCATION (City, town, or county) Freeland (State) Md.

DATE REC'D BY LOCAL REGISTRAR Feb 14, 1954
REGISTRAR'S SIGNATURE Alruda G. Cooke
24. FUNERAL DIRECTOR Ernest C. Gartner ADDRESS Gaithersburg Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1728

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda rural X
LENGTH OF STAY (in this place): 51 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Laurel rural
STREET ADDRESS (If rural give location): ✓

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)
4. DATE OF DEATH: (Month) (Day) (Year) 19

5. SEX:
6. COLOR OR RACE:
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH:
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Truck driver
10b. KIND OF BUSINESS OR INDUSTRY: trucking
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Giddings
14. MOTHER'S MAIDEN NAME: Marion [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: [illegible]uth Giddings same as 2, above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

581.1
Immediate cause (a) Cirrhosis, liver, Laennec's with bleeding
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) esophageal varices and hepatic coma — 3 yrs.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 1954, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible], from the causes and on the date stated above.

SIGNATURE: R. W. Tschenpaugh (Degree or title) ADDRESS: U.S. Naval [illegible], Maryland DATE SIGNED: 2 February 1954

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR — ADDRESS

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BUREAU V. S.

1729

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Bethesda — LENGTH OF STAY (in this place) 14 days 14 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 4838 Langdrum Lane

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) M (Last) Trilfogle
4. DATE OF DEATH: (Month) Feb. (Day) 11 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Unmarried	Oct. 20 1894	59 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerk Retired	Government	Pennsylvania	U.S.

13. FATHER'S NAME: John B. Ruth
14. MOTHER'S MAIDEN NAME: Mary Tidall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
yes	World War I		Virginia M. Trilfogle 4838 Langdrum Lane, Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
216X Immediate cause	(a) Pseudomyxoma peritonei	3 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Pseudomucinoma papillary Cystadenoma, Ovar DUE TO	? years
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan., 1952, to Feb., 1954, that I last saw the deceased alive on Feb 10, 1954, and that death occurred at 5:00 A, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lew D Brown	MD	8016 Hampton Road	2/11/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2-13-54	Mt. Olivet	Washington, D.C.	

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/12/54	Bessie M. Thompson	Robert A. Dumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 17
BUREAU V. S.

1730

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine View Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville (Rural)
STREET ADDRESS (If rural, give location) R.F.D. 1

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Eldridge (Last) HAMILTON

4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mar. 13, 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months 9 Days 13 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Benjamin F. Hamilton

14. MOTHER'S MAIDEN NAME: Nancy Jane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-12-7798

17. INFORMANT & ADDRESS: Tessiel Archer- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
331/X
Immediate cause (a) CEREBRAL VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) GENERALIZED ARTERIOSCLEROSIS 30 YRS
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB 23, 1954, to FEB 26, 1954, that I last saw the deceased alive on FEB 23, 1954, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

MD Rockville 2/26/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 1, 1954	Herman Church Cem.	Montgomery Co., Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/1/54	Bessie M. Thompson	Robert A. Humphrey	Bethesda, Maryland

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V.

1731

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Monigomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monigomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 925 Northampton Dr.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) A. (Last) Hanbury
4. DATE OF DEATH: (Month) Feb. (Day) 10 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 11-13-1894
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: W.W.I
10b. KIND OF BUSINESS OR INDUSTRY: accountant
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John J. Hanbury
14. MOTHER'S MAIDEN NAME: Mary A. Nevin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY No.: yes
17. INFORMANT & ADDRESS: Mrs Lillian F. Hanbury - Item # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

541.0

Immediate cause (a) Exsanguinating hemorrhages — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Duodenal Ulcer & Post operative (- weeks) — ? years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 20 Jan, 54 & 8 Feb '54
19b. MAJOR FINDINGS OF OPERATION Duodenal Ulcer & Gastrectomy partial 2 - operation - 2 gastric bleeding ulcer & vessels
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1954, to 2-10, 1954, that I last saw the deceased alive on 11 Apr 1954, and that death occurred at 11 10 Am, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] M.D. ADDRESS 1150 Conn Ave DATE SIGNED 2-10-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial Transit
DATE THEREOF 2-12-54
NAME OF CEMETERY OR CREMATORY Gate of Heaven
LOCATION (City, town, or county) (State) Pleasantville, New York
DATE REC'D BY LOCAL REGISTRAR 2/11/54
REGISTRAR'S SIGNATURE Bessie [illegible]
24. FUNERAL DIRECTOR Robert A. Pumphrey - Beth. Ind. ADDRESS

RECEIVED
FEB
BUREAU V. S.

1732

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] | LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural give location) [illegible] Nichols Ave., [illegible]

3. NAME OF DECEASED: (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) [illegible] (Day) [illegible] (Year) 19[illegible]

5. SEX: [illegible]

6. COLOR OR RACE: [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: 2-2-54

9. AGE last birthday: [illegible] yrs. | IF UNDER 1 YEAR: Months [illegible] Days [illegible] | IF UNDER 24 HRS.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, [illegible]rland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert G. HANSON

14. MOTHER'S MAIDEN NAME: Susannah CHILDNESS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: - - -

17. INFORMANT & ADDRESS: Robert G. HANSON Apartment 1c
(Father) [illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5
Immediate cause (a) Atelectasis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity
DUE TO
(c)

Interval Between Onset And Death: 4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible], from the causes and on the date stated above.

SIGNATURE P. G. [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 2-19-54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 2-16-54 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) [illegible] (State)

DATE RECD BY LOCAL REGISTRAR February 195[illegible] | REGISTRAR'S SIGNATURE Mary E. Farrelly | 24. FUNERAL DIRECTOR [illegible] | ADDRESS [illegible]

VS. A15

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1 34
BUREAU V. S.

1733

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Rural
LENGTH OF STAY (in this place) 5mo. 10days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Key West
STREET ADDRESS (If rural, give location) 500 B.W. Poincana ✓

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Henry (Last) HARPER

4. DATE OF DEATH (Month) February (Day) 28 (Year) 19[illegible]

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 14 April 1916
9. AGE last birthday 37 yrs. If under 1 year: Months, Days; If under 24 hrs: Hours, Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY Mariner
11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME John Harper
14. MOTHER'S MAIDEN NAME Dollie Pointer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) 1940 - 19544
16. SOCIAL SECURITY NO. - - -
17. INFORMANT AND ADDRESS Wife: Sarah J. HARPER 500 B.W. Poincana Key West, Florida

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
4[illegible]0.1 Immediate cause	(a) Infarction, myocardium	minutes
Antecedent cause(s)	(b) Thrombosis, coronary artery	6 months
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) arteriosclerosis, Generalized	3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Thrombosis, left common iliac artery	8 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Sep, 1953, to 28 Feb, 1954, that I last saw the deceased alive on 28 Feb, 1954, and that death occurred at 0645 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. L. FLECK LCDR, MC, USN U.S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4 March 1954
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 2 March 1954
REGISTRAR'S SIGNATURE Mary C. Farrelly
24. FUNERAL DIRECTOR R. A. PURPURLY FUNERAL HOME ADDRESS 7557 Wisconsin Ave., Bethesda, Maryland

UREAU V. S.

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1734

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 3 da. 7 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — Nursing Home
STREET ADDRESS (If rural, give location): 9018 old Bladensburg Rd.

3. NAME OF DECEASED: (First) Essie (Middle) (Last) Higgs.

4. DATE OF DEATH: (Month) Feb. (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 24, 1878

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired-Practical Nursing - Nursing

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George F. Humphries

14. MOTHER'S MAIDEN NAME: Aranda Carson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: 4812 Auburn Ave — Friend-H. L. Compton - Bethesda, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arterio-Sclerotic Heart Disease —
DUE TO (c) Generalized Arterio-Sclerosis —

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20 AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 31, 1954, to Feb 3, 1954, that I last saw the deceased alive on Feb 2, 1954, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Meredith Cross M.D. — ADDRESS: 8248 Georgia Ave and 2nd. Silver Spring — DATE SIGNED: 2/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-6-54 — NAME OF CEMETERY OR CREMATORY: National Memorial Park — LOCATION (City, town, or county): Falls Church — (State): Va.

DATE REC'D BY LOCAL REGISTRAR: 2/6/54 — REGISTRAR'S SIGNATURE: Bessie M. Thompson — 24. FUNERAL DIRECTOR: Robert A. Humphrey — ADDRESS: Bethesda, Md.

VS. A15

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Items 18&21 Film G162 3/12/54 ams

1735

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place) 11 hrs 15 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS THE MONTGOMERY COUNTY GENERAL HOSPITAL, INC. OLNEY, MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) Route 3

3. NAME OF DECEASED (Type or Print) (First) Esther (Middle) Williams (Last) Hill
4. DATE OF DEATH (Month) February (Day) 19 (Year) 1954
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 12.8.26
9. AGE last birthday 27 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher
10b. KIND OF BUSINESS OR INDUSTRY Public Schools
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Richard Hill
14. MOTHER'S MAIDEN NAME Carrie Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Edith Hill Owens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac arrest due to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sodium pantothol anesthesia

(c) (Teeth were broken in accident and she was having roots removed under anesthesia when she died.)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Oxen Hill Rd. (COUNTY) Pr.Geo. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 2-17-54 ? P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-19-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/21/54
NAME OF CEMETERY OR CREMATORY Sandy Spring
LOCATION (City, town, or county) Sandy Spring (State) Md

DATE REC'D BY LOCAL REG. 2-21-54
REGISTRAR'S SIGNATURE Gertrude B Fawler
24. FUNERAL DIRECTOR Robert L. Snowden
ADDRESS Rockville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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1736

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
LENGTH OF STAY (in this place): 11 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montg. Co. General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Woodbine
STREET ADDRESS (If rural, give location): Florence

3. NAME OF DECEASED (Type or Print): (First) KENNETH (Middle) LEE (Last) HOPKINS

4. DATE OF DEATH: (Month) Feb. (Day) 20, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	3-8-1939	14 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
In school		Maryland	U.S.

13. FATHER'S NAME: Henley W. Hopkins

14. MOTHER'S MAIDEN NAME: Musa E. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Henley W. Hopkins, Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

196 X

Immediate cause (a) Osteosarcoma - right femur with metastasis to other bones — Interval between onset and death: 6 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: Sept. 10, 1953 — 19b. MAJOR FINDINGS OF OPERATION: Osteosarcoma lower third right femur.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. , 19 53, to Feb. 20 1954, that I last saw the deceased alive on Feb. 20, 1954, and that death occurred at 8:55 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): M. McKendree Boyer, M. D. — ADDRESS: Druid Theatre Building, Damascus, Md. — DATE SIGNED: 2-22-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-23-54	Liberty Baptist	Lisbon, Howard Co., Md.

DATE REC'D BY LOCAL REG. 2-22-54 — REGISTRAR'S SIGNATURE: Gertrude B Fowler

24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md. — ADDRESS

FEB
BUREAU V. S.

1737

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D. C.
STREET ADDRESS (If rural, give location): 3939 R St., SE

3. NAME OF DECEASED (Type or Print): (First) Carol (Middle) Lee (Last) HULL

4. DATE OF DEATH (Month) (Day) (Year): February 2 19[illegible]

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: 25 February 19[illegible]

9. AGE last birthday: [illegible] yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Albert J. HULL

14. MOTHER'S MAIDEN NAME: Lois V. TOWNSEND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: - -

17. INFORMANT AND ADDRESS: Albert J. HULL 3939 R. St., SE Washington, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): [illegible]

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): [illegible]

(c): [illegible]

INTERVAL BETWEEN ONSET AND DEATH: [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Feb ., 1954 ., to 26 Feb ., 19 54 ., that I last saw the deceased alive on 26 Feb ....., 1954 ....., and that death occurred at 1225 a .m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P.G. HOVEMAN LT, MC, USN U. S. Naval Hospital, NNMC, Bethesda, Maryland 3-2-54

23. BURIAL, CREMATION, REMOVAL (Specify): [illegible]

DATE: 3 March 1954

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 27 Feb 1954

REGISTRAR'S SIGNATURE: Mary E. [illegible]

24. FUNERAL DIRECTOR: [illegible] FUNERAL HOME

ADDRESS: 7227 WISCONSIN AVE., BETHESDA, MARYLAND

1746

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1 PLACE OF DEATH: COUNTY Montgomery MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) — RURAL LENGTH OF STAY (in this place) 7 hours

HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda

STREET ADDRESS (If rural give location) 5000 Hampden Lane

3. NAME OF DECEASED: (Type or Print) (First) Nelle (Middle) H. (Last) Imlay

4. DATE OF DEATH: (Month) Feb (Day) 25 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 13, 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired): Music Teacher & Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David O. Hudson

14. MOTHER'S MAIDEN NAME: Emma V. Bibb

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Carl H. Imlay 5000 Hampden Lane Bethesda

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 4200 (a) Myocardial infarction

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive - Atherosclerotic

DUE TO (c) heart disease

Interval Between Onset And Death: 13 hours 3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ ~~Not While~~ At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1954, to Feb 25, 1954, that I last saw the deceased alive on Feb 25, 1954, and that death occurred at 6:30 PM, from the causes and on the date stated above.

SIGNATURE Allen J. O'Neill (Degree or title) MD ADDRESS 7940 Georgetown Rd. Bethesda DATE SIGNED Feb 25, 1954

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) — DATE THEREOF 2/27/54 — NAME OF CEMETERY OR CREMATORY Fort Lincoln — LOCATION (City, town, or county) Prince Georgis Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR 2-26-54 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR The S.H. Hines Co ADDRESS 2901-14th St. N.W. Washington, D.C.

MAR 2
BUREAU V. S.

1747

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 3mo 19days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: [illegible]rginia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Falls Church Rural
STREET ADDRESS (If rural give location): 1403 Alger Road

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ellen (Last) JAVINS

4. DATE OF DEATH: (Month) February (Day) 24 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 26 Dec 1913

9. AGE last birthday: 40 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Richmond, Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Michael DACY

14. MOTHER'S MAIDEN NAME: Mary APT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Husband: Robert P. JAVINS 1403 Alger Road Falls Church, Virginia

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 200.1 Lymphosarcoma DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 3yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Nov, 1953, to 24 Feb, 1954, that I last saw the deceased alive on 24 Feb 1954 And that death occurred at 11:55 am, from the causes and on the date stated above.

SIGNATURE (Degree or title): S. R. Mills — ADDRESS: S. R. MILLS JR LT,MC,USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED: 2-25-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 26 Feb 1954 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 24 Feb 1954 — REGISTRAR'S SIGNATURE: Mary E. Farrell

24. FUNERAL DIRECTOR — ADDRESS: R. A. PUMPHREY FUNERAL HOME 7557 WISCONSIN AVE., BETHESDA, MARYLAND

BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Emory Grove
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Emory Grove
STREET ADDRESS (If rural, give location) Gaithersburg

3. NAME OF DECEASED: (Type or Print) (First) Aurelia (Middle) Neal (Last) Johnson

4. DATE OF DEATH: (Month) (Day) (Year) February 10, 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 5, 1852

9. AGE last birthday: 101 102 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: None.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jeffery McAbee

14. MOTHER'S MAIDEN NAME: Ruthy unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: (Mrs Sadie Taylor) Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 334X

Immediate cause (a) Hemiplegia left side

DUE TO

Antecedent cause(s) (b) Hypertension

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Senility

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 12 years old.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1952, to Feb 6, 1954; that I last saw the deceased alive on Feb 6, 1954, and that death occurred at 6:30 P.M., from the causes and on the date stated above

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

[illegible] Gaithersburg Md. Feb 13, 1954

23. BURIAL CREMATION REMOVAL (Specify): DATE THEREOF 2/14/54 NAME OF CEMETERY OR CREMATORY Church Cemetery LOCATION (City, town, or county) (State) Emory Grove Montg, Md

DATE REC'D BY LOCAL REG. Feb 14, 1954 REGISTRAR'S SIGNATURE Linda G. Cooke

24. FUNERAL DIRECTOR R. L. Snowden, Rockville, Md. ADDRESS

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BUREAU V. S.

7057

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Leaving from 109 Forest ave

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Virginia COUNTY ARLINGTON

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington Va

STREET ADDRESS (If rural, give location) 1901 N. Nicholas St

3. NAME OF DECEASED: (Type or Print) (First) EUDORA (Middle) B. (Last) JOHNSON

4. DATE OF DEATH: (Month) FEB. (Day) 13 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: May 1868

9. AGE Last birthday: 85 yrs.

IF UNDER 1 YEAR: Months 8 Days 29 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hyattstown Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EDWARD GRAFTON

14. MOTHER'S MAIDEN NAME: RACHAEL ANNE BENTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MRS MARCELINE HILL (DAU) 1901 N. NICHOLAS ST. ARL. VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Vascular Accident	2 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized Arteriosclerosis	20 yrs.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 9, 1954, to Feb 13, 1954, that I last saw the deceased alive on Feb 13, 1954, and that death occurred at 2:55 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) W. G. Hall M.D. ADDRESS Rockville, Md DATE SIGNED 2/13/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 2/16/54

NAME OF CEMETERY OR CREMATORY HYATTSTOWN, MD

LOCATION (City, town, or county) HYATTSTOWN (State) MD

DATE REC'D BY LOCAL REG. 2-16-54

REGISTRAR'S SIGNATURE Dorothy M Jacobs

24. FUNERAL DIRECTOR Martin W Strange ADDRESS 1300 N St NW Washington D.C.

VS. A15 8-51

RECEIVED
FEB 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SANITARIUM & HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD COUNTY Prince George's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville

STREET ADDRESS (If rural, give location) 1353 Langley Way

3. NAME OF DECEASED: (Type or Print) (First) Richard Gregory (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) 2 (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 2-10-54

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months —, Days 1 — IF UNDER 24 HRS.: Hours 7, Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oscar Johnson

14. MOTHER'S MAIDEN NAME: Dorothy Mae Selph

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Father - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Premature Separation of Placenta

DUE TO

(c)

761.5

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-9, 1954, to 2-11, 1954, that I last saw the deceased alive on 2-12, 1954, and that death occurred at 8:50 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) R.N. Nurse M.D. ADDRESS Takoma Park Md — DATE SIGNED 2-12 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2-14-54 — NAME OF CEMETERY OR CREMATORY Lasky Jan & Hebr — LOCATION (City, town, or County) Takoma Park (State) Md

DATE REC'D BY LOCAL REG. Feb 12 1954 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS R A Hare Mt. Takoma Park Md

RECEIVED
FEB 15
BUREAU V. S.

1749

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Bethesda
LENGTH OF STAY (in this place): 1 mo. 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: National Institutes of Health The Clinical Center, Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
STREET ADDRESS (If rural give location): 10912 Drumm Avenue

3. NAME OF DECEASED: (Type or Print) (First) IVOR (Middle) LEE (THREATT) (Last) JORDAN

4. DATE OF DEATH: (Month) (Day) (Year) February 22, 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	6 January 1913	41 yrs.	1 / 16	

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	-----	South Carolina	U.S.A.

13. FATHER'S NAME: L. T. Threatt

14. MOTHER'S MAIDEN NAME: Mary L. Dunlap

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	------	None	Medical Record Dept., NIH

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Metastatic carcinoma of liver, peritoneum and bones.	9 mos.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Cancer of Breast	3 years
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	-----	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg, etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
-----	-----	-----	-----	-----

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
----- m.		-----

22. I hereby certify that I attended the deceased from 19 Jan, 19 54, to Feb. 22., 19 54, that I last saw the deceased alive on 22 Feb, 19 54, and that death occurred at 10:35 a.m. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Josiah Brown, M. D.	Josiah Brown M.D	N.I.H. Clinical Center	2-22-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-24-54	Parklawn	Rockville, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/22/54	Bessie M. Thompson	Robert H. Pumphrey	Bethesda, Md.

VS. A15

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Illinois COUNTY: Walworth
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 35 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glencoe
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Clinical Center National Institutes of Health	STREET ADDRESS (If rural, give location): 403 Grove Street ✓✓

3. NAME OF DECEASED (Type or Print) (First) Cora (Middle) E. (Last) JUNG		4. DATE OF DEATH (Month) Feb. (Day) 26 (Year) 1954	
5. SEX: F	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: March 30, 1902
9. AGE last birthday: 51 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse	10b. KIND OF BUSINESS OR INDUSTRY: ----	11. BIRTHPLACE (State or foreign country): Wisconsin	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Jung		14. MOTHER'S MAIDEN NAME: Hattie Seston	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): --	16. SOCIAL SECURITY NO.: -	17. INFORMANT AND ADDRESS: Medical Record - The Clinical Center	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) Carcinoma, right breast; extensive pleural and abdominal metastases.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION: - -	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ----	(CITY OR TOWN) - (COUNTY) - (STATE) -
TIME OF INJURY (Month) (Day) (Year) (Hour) - m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? - - -

22. I hereby certify that I attended the deceased from Jan. 22, 1954, to Feb. 26, 1954, that I last saw the deceased alive on Feb. 26, 1954, and that death occurred at 3:40p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stanley Green M.D. Sen. Asst. Surg.	U.S.P.H.S. (R.)	The Clinical Center, N.I.H.	Feb. 26, 1954

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	3-1-54	Spring Grove	Walworth Co., Wisconsin

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/1/54	Bessie Monempier	Robert A. Pumphrey	Bethesda, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Marylander Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural, give location): 308 Falls Road

3. NAME OF DECEASED (Type or Print): (First) FRANKLIN (Middle) H. (Last) KARN

4. DATE OF DEATH: (Month) Feb. (Day) 2, (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 9-21-1879 | 9. AGE last birthday: 74 yrs. | If under 1 year: Months 4, Days 11 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Builder
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Josephia Karn
14. MOTHER'S MAIDEN NAME: Mary ... Horine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Virginia Karn - Route 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Cerebral hemorrhage	1/2 hour.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerosis + hypertension	5 years.
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19..., to Feb. 2, 1954, that I last saw the deceased alive Feb. 2, 1954, and that death occurred at 9:55 P. m., from the causes and on the date stated above.

SIGNATURE: Wm. A. Smithmeyer, (Degree or title) M.D. ADDRESS: Rockville, Md. DATE SIGNED: 2/2/54.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 2-5-54
NAME OF CEMETERY OR CREMATORY: Parklawn
LOCATION (City, town, or county) (State): Rockville, Md.

DATE REC'D BY LOCAL REG. 2-8-54
REGISTRAR'S SIGNATURE: Dudley M. Jacobsen
24. FUNERAL DIRECTOR: Robert A. Humphrey ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 6617 Poplar Ave

3. NAME OF DECEASED (Type or Print): (First) ALBERTINA (Middle) JOHANNA (Last) KISE

4. DATE OF DEATH: (Month) 2 (Day) 3 (Year) 19.54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-11-91

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William A Hettich

14. MOTHER'S MAIDEN NAME: Sophia DeVry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1543

Immediate cause (a) Acute Cardiac Decompensation — Interval between onset and death: 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adenocarcinoma Rectum with metastases — 4 mons

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1/14/54

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma Rectum

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10, 19 54, to 2/3, 19 54, that I last saw the deceased alive on 2/3/54, 19 .., and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. Willard Camalier Jr, M.D. ADDRESS 927-Pershing Dr. S.S. Md DATE SIGNED 2-3-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE: 2/6/54

NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery

LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG.: Feb 8 1954

REGISTRAR'S SIGNATURE: J. Herman Dodd

24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7019 Eastern Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 7019 Eastern Ave

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH (Last) KNOTT
4. DATE OF DEATH: (Month) Feb. (Day) 22 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: October 1, 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Berkley Springs W. Va
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: John Bechtel
14. MOTHER'S MAIDEN NAME: Catherine Coughlan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Charlotte K. Miller, 7019 Eastern Ave. T.P. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause 443X	(a) Uremia	7 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertensive Heart Disease	10 years
	DUE TO (c) Arteriosclerosis Generalized	12-15 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, to 22 Feb., 1954, that I last saw the deceased alive on 21 Feb., 1954, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. 7112 Willow Ave ADDRESS Takoma Park Md. DATE SIGNED 22 Feb 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 25, 1954
NAME OF CEMETERY OR CREMATORY Elmswood Cemetery
LOCATION (City, town, or county) Shepherdstown, West Va. (State)
DATE REC'D BY LOCAL REGISTRAR Feb. 22nd 1954
REGISTRAR'S SIGNATURE J. Hudson Todd
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carrall St. NW. ADDRESS W.C.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 16 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SANITARIUM & HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY ontg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1508 Ballard St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Kreuzburg

4. DATE OF DEATH: (Month) 2 (Day) 9 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 2-8-54
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours 20 Min. 41

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Takoma Park, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unk wn
14. MOTHER'S MAIDEN NAME: Nancy Jane Kreuzburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 776X

Immediate cause (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/8/54, 19....., to 2/9/54, 19....., that I last saw the deceased alive on 2/8, 1954, and that death occurred at 12:45 A.m., from the causes and on the date stated above.

SIGNATURE George E. Pierce M.D. (DEGREE OR TITLE) ADDRESS 927 Pershing Drive Silver Spring Md DATE SIGNED 2/8/54

23. BURIAL, CREMATION REMOVAL (Specify): Cremation DATE THEREOF 2-12-54 NAME OF CEMETERY OR CREMATORY Wash San & Hospital LOCATION (City, town, or county) Takoma Park (State) Md

DATE REC'D BY LOCAL REG. Feb. 12 1954 REGISTRAR'S SIGNATURE J. Wilson Dock
24. FUNERAL DIRECTOR K. A. Hare, M.D. ADDRESS Takoma Park Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Wessex Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 16 Wessex Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MARGUERITE ELEANOR KUHN

4. DATE OF DEATH: (Month) (Day) (Year) February 21 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 6, 1905
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Victor Haugaard
14. MOTHER'S MAIDEN NAME: Elizabeth Haight

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: George Kuhn, 16 Wessex Rd., Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

511X

Immediate cause (a) Suffocation — Interval Between Onset And Death: 1/2 hr.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Acute spasm of larynx — ?

DUE TO (c) Laryngeal nerve disturbance Sev. mos.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1954 to Feb. 21, 1954 that I last saw the deceased alive on Feb. 19 1954, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lynwood Heigs, M.D. ADDRESS 6940 Piney Branch Road Wash. D.C. DATE SIGNED 2/21/54

23. BURIAL, CREMATION, REMOVAL, (Specify) Cremation
DATE THEREOF Feb. 24, 1954
NAME OF CEMETERY OR CREMATORY Fort Lincoln Crematory
LOCATION (City, town, or county) (State) Prince George's County, Md.

DATE REC'D BY LOCAL REGISTRAR 2-22-54
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 20 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural, give location) 1445 Ogden St., N.W.

3. NAME OF DECEASED (Type or Print) (First) Ursula (Middle) M (Last) Leipold

4. DATE OF DEATH (Month) Feb. (Day) 22 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH [illegible]
9. AGE last birthday [illegible] yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.
11. BIRTHPLACE (State or foreign country) Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Carl Henry Leipold
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. --
17. INFORMANT AND ADDRESS Wash., D.C. Miss Genevieve Cooper - 3000 - 39th St N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-27

Immediate cause (a) Congestive Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: one day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia - viral — one week

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/21, 1954, to 2/22, 1954, that I last saw the deceased alive on 2/22, 1954, and that death occurred at 6:05 P m., from the causes and on the date stated above.

SIGNATURE Robert A Hare M.D. (Degree or title) ADDRESS Takoma Park, Md. DATE SIGNED 2/22/54

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE 2/23/54
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory
LOCATION (City, town, or county) Prince George County (State) Md.

DATE REC'D BY LOCAL REG. Feb. 22-1954
REGISTRAR'S SIGNATURE J. Hilton Dodd
24. FUNERAL DIRECTOR S.H. Hines Co. 2901 14th St. N.W. Washington D.C. ADDRESS

-over-

MARGIN RESERVED FOR BINDING

Cleared by Coroner Brockhart, Gaithersburg, Md.
2/22/54. R.A.H.

1753

Film#G161 Item# 2 2/23/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 216

CERTIFICATE OF DEATH

Reg. Dist. No. ~~214~~

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 13 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital - 3848 Porter St. N.W.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) M (Last) Lewers
4. DATE OF DEATH: (Month) Feb (Day) 12 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: April 6, 1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Patent Examiner (Ret.)
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Patent Office
11. BIRTHPLACE (State or foreign country): Nevada.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ross Lewers
14. MOTHER'S MAIDEN NAME: Catherine Taggaret.
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1

Immediate cause (a) SARCOMA, Metastatic

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death 1 yr.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July? 1953
19b. MAJOR FINDINGS OF OPERATION SARCOMA FROM Biopsy RT AXILLA
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 26, 1954, to Feb. 12, 1954, that I last saw the deceased alive on Feb. 11, 1954, and that death occurred at 12:20 AM, from the causes and on the date stated above.

SIGNATURE DeWitt E. DeLawter (Degree or title) M.D. ADDRESS 8125 ABERDEEN Rd. Bethesda 14, Md DATE SIGNED 2/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Feb. 15, 1954 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Suitland, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 2/14/54 REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR William Lee's Sons Co. ADDRESS 300 - 4th St. N.E. Washington D.C.

2/16/54 Bessie M. Thompson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1754 M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 4015 Leland St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Alexander (Last) MacSporran

4. DATE OF DEATH: (Month) February (Day) 20 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-12-77

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Minister

10b. KIND OF BUSINESS OR INDUSTRY: Religious Work

11. BIRTHPLACE (State or foreign country): Ontario Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander MacSporran

14. MOTHER'S MAIDEN NAME: Catherine MacTaggart

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: John S. MacSporran 40B

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 3-2-54 DUE TO multiple cerebral infarcts

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) .... DUE TO arteriosclerosis

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertension

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ ~~Not While at Work~~ ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/11, 1954, to 2/20, 1954, that I last saw the deceased alive on 2/13, 1954, and that death occurred at 6 50 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J. Savarese Jr. M.D. ADDRESS 8016 old Georgetown rd Bethesda DATE SIGNED 2/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit

DATE THEREOF 2-21-54

NAME OF CEMETERY OR CREMATORY Clifton Springs Cemetery

LOCATION (City, town, or county) Clifton Springs (State) New York

DATE REC'D BY LOCAL REGISTRAR 2/22/54

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR S.H. Hines Co. ADDRESS 1901 14th St. N.W. Washington D.C.

RE
FEB
BUREAU V. S.

1755

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 7

The correct answer to each item must be entered on this certificate. Do not use abbreviations. If unknown, state "unknown." If the question is not applicable, write "none."

MARGIN RESERVED FOR BINDING. DO NOT WRITE IN THIS MARGIN. WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully and completely. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9720 Old Pladensburg Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 9720 Old Pladensburg Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Dorman (Last) Maddox

4. DATE OF DEATH: (Month) Feb (Day) 7 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 12/5/02

9. AGE last birthday: 51 yrs. — If under 1 y: Months / Days — If under 24 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant owner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Thomas Maddox

14. MOTHER'S MAIDEN NAME: Anna G. Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 718-17-9530

17. INFORMANT AND ADDRESS: Mrs. Helen J. Maddox, 9720 Old Pladensburg Rd Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X
Immediate cause (a) Acute Cardiac Failure — Interval between onset and death: Found dead in Bed about

Antecedent causes (b) ... — Interval between onset and death: ...

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Bronchial Asthma — Interval between onset and death: 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. WAS (IF) ACCIDENTAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at work ☐ Not while at work ☐

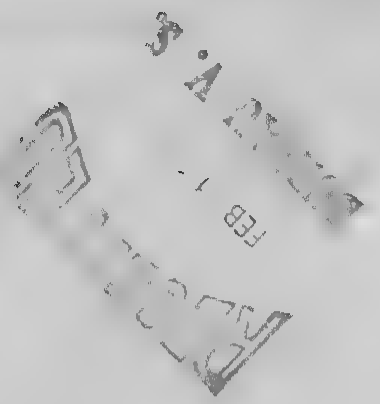
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Irand J Bosckart	M. D.	Gaithersburg Md	2-7-54

DISPOSITION (Burial, Cremation, Removal, Donation, Specify)	DATE OF DISPOSITION	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/10/54	Glenwood Cemetery	Washington, D. C.

DATE RECD BY LOCAL REG. 2/9/54 — REGISTRAR'S SIGNATURE: Leon — 24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.



1756

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring

LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maple Lane Nursing Home, 9810 Georgia Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Montgomery

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Norbeck

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) HARRIS (Middle) Elmo (Last) MARSDEN

4. DATE OF DEATH: (Month) FEB. (Day) 26 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 24, 1871

9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Salesman retired

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing Supplies

11. BIRTHPLACE (State or foreign country): St. Charles, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Marsden

14. MOTHER'S MAIDEN NAME: Ethel Dearborn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mr. Roger D. Marsden, 6930 - 9th St., N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 443X

(a) DUE TO: HYPERTENSIVE HEART DISEASE

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO: ESSENTIAL HYPERTENSION

(c) CEREBRAL HEMIRRHAGE (OLD)

Interval Between Onset And Death:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: SENILITY

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NONE

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB. 2, 1954, to FEB. 26, 1954, that I last saw the deceased alive on FEB. 26, 1954, and that death occurred at 5:12 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Hugh Loudenslager M.D. — ADDRESS: 5206 Norway Dr. Chevy Chase Md. — DATE SIGNED: 2/26/54

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial — DATE THEREOF: 2/28/54 — NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery — LOCATION (City, town, or county) (State): Grand Rapids, Kent County, Mich.

DATE REC'D BY LOCAL REGISTRAR: 2-28-54 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR — ADDRESS: Warner & Pumphrey, 8434 Georgia Ave. Silver Spring, Md.

VS. A15

RECEIVED
MAR 3 1
BUREAU V. S.

691

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Hosp. & Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 3703 Bangor St. S.E. D.C.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Harden (Last) Marshall

4. DATE OF DEATH (Month) Feb. (Day) 26, (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5-5-84
9. AGE last birthday 69 yrs. If under 1 year: Months | Days; If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Real estate
11. BIRTHPLACE (State or foreign country) New Hampshire
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME Washington D. Marshall
14. MOTHER'S MAIDEN NAME Kate Mc Kellips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Lena Marshall 3703 Bangor St. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1.4X

Immediate cause (a) Gastrointestinal bleeding — Interval between onset and death: 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adenocarcinoma of Rectum — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/24, 1954, to 2/26, 1954, that I last saw the deceased alive on 2/25, 1954, and that death occurred at 2:10 a.m., from the causes and on the date stated above.

SIGNATURE Lyle Williams (Degree or title) M.D. ADDRESS 230 South Hampton Drive S.S. DATE SIGNED 2/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation DATE March 1, 1954 NAME OF CEMETERY OR CREMATORY Fries Son Co. LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. Feb. 26-1954 REGISTRAR'S SIGNATURE J. Wilson Todd

24. FUNERAL DIRECTOR J. William Fries Sons Co. ADDRESS 8300 4th St N.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 1 1954
BUREAU V. S.

1757 M

(1)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVY CHASE
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6319 Woodside

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 6319 - Woodside Pl.

3. NAME OF DECEASED: (Type or Print) MARY (First) EMMA (Middle) (Last) MATHER

4. DATE OF DEATH: (Month) Feb (Day) 5 (Year) 1954

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed — 8. DATE OF BIRTH: May 7, 1870 — 9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: - — 11. BIRTHPLACE (State or foreign country): Pa — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham Baldwin — 14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — 17. INFORMANT & ADDRESS: A.T. Mather 6319 - Woodside Pl. Ch. Chase Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cardiac Decompensation — Interval Between Onset And Death: 2 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Arteriosclerotic Heart Disease — 30 yrs +

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept ..., 19 51, to Feb 5, 1954, that I last saw the deceased alive on Feb 4, 1954, and that death occurred at 4 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Fred Cox M.D. — ADDRESS 1501 Eye St N.W. — DATE SIGNED Feb 5, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 2-8-54 — NAME OF CEMETERY OR CREMATORY Cliffton Park — LOCATION (City, town, or county) (State) Philadelphia Pa

DATE REC'D BY LOCAL REGISTRAR 2/6/54 — REGISTRAR'S SIGNATURE Lucie M. Hampton

24. FUNERAL DIRECTOR Wm V. N. Howe Co — ADDRESS 2901-15th St. N.W. Wash D.C.

VS. A15

RECEIVED
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BUREAU V.

1758

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9215 Crosby Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 9215 Crosby Road

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) Moore (Last) McCord

4. DATE OF DEATH: (Month) Feb. (Day) 20 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept. 23, 1887

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Worrell Mfg. Co.

11. BIRTHPLACE (State or foreign country): Cameron, Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Agustus Parks McCord

14. MOTHER'S MAIDEN NAME: Mary May

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Lulu P. McCord, 9215 Crosby Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute congestive failure	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary thrombosis	4 weeks
	DUE TO (c) Arteriosclerotic heart disease	Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30 19 52, to Feb. 20, 19 54, that I last saw the deceased alive on Feb. 19, 1954, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Arthur R. Bergman, M.D. 8801 Colesville Rd., Silver Spring, Md. Feb. 20, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 23, 1954

NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery

LOCATION (City, town, or county) (State): Prince George's Co., Md.

DATE REC'D BY LOCAL REG. 2/22/54

REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR ADDRESS: Warner E. Pumphrey, Silver Spring, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY MONTG MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK
LENGTH OF STAY (in this place) 14 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 26 PHILADELPHIA AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY MONTG
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK
STREET ADDRESS (If rural give location) 26 PHILADELPHIA AVE.

3. NAME OF DECEASED: (Type or Print) (First) NELLIE (Middle) DAVIS (Last) McGINNESS
4. DATE OF DEATH: (Month) Feb. (Day) 10, (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: NOV. 28, 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOMEMAKER
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): WHITE PLAINS, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN DAVIS
14. MOTHER'S MAIDEN NAME: MARY MURRAY.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of [redacted])
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Loretto M. Hurley, 26 Philadelphia Ave. Takoma Park, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.0 Immediate cause	(a) Terminal Acute Congestive Heart Failure	1 day
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral Hemorrhage	9 mos.
	DUE TO (c) Arterio-sclerotic Heart disease	5 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21, 1953, to Feb 10, 1954, that I last saw the deceased alive on Feb 10, 1954, and that death occurred at 8:00 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Francis L. Richardson M.D. ADDRESS 7717 Alaska Ave N.W. DATE SIGNED 2/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 13, 1954
NAME OF CEMETERY OR CREMATORY MT OLIVET CEMETERY
LOCATION (City, town, or county) WASHINGTON, (State) D.C.
DATE REC'D BY LOCAL REGISTRAR Feb. 10 1953
REGISTRAR'S SIGNATURE J. Wilton Dodd
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW. Takoma Park 12, D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4842 Chevy Chase Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 4842 Chevy Chase Drive

3. NAME OF DECEASED (Type or Print): (First) ADA (Middle) P. (Last) MILLER

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 9, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12/6/1866

9. AGE last birthday: 87 yrs. — If under 1 year: Months. 2 | Days 5 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Huber

14. MOTHER'S MAIDEN NAME: Sarah Hambright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs C.J.Trippe- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

0887

Immediate cause (a) Pneumonia — Interval between onset and death: 1 week

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) herpes zoster, hypertension — 3 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1, 1953, to Feb. 8, 1954, that I last saw the deceased alive on Feb. 8, 1954, and that death occurred at 9:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr Joseph P. Kennick — ADDRESS: 7913 Wisconsin Ave, Bethesda, Md. — DATE SIGNED: 2/9/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2-11-54 — NAME OF CEMETERY OR CREMATORY: The Woodward Hill Cem. — LOCATION (City, town, or county) (State): Lancaster, Pennsylvania

DATE REC'D BY LOCAL REG. 2/11/54 — REGISTRAR'S SIGNATURE: Bessie M Thompson — 24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: Bethesda, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: 9617 Clearview Pl. Montgomery — COUNTY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring Md.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring
STREET ADDRESS (If rural give location): 9617 Clearview Pl.

3. NAME OF DECEASED: (Type or Print) (First) BENJAMIA (Middle) S. (Last) MILLER.
4. DATE OF DEATH: (Month) Feb. (Day) 6 (Year) 1954.
5. SEX: M
6. COLOR OR RACE: W.
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ ~~(Specify)~~:
8. DATE OF BIRTH: June 23 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Poultry.
11. BIRTHPLACE (State or foreign country): Lithuania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Israel Miller
14. MOTHER'S MAIDEN NAME: Dora Berman.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Irvin Miller Son.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) athero sclerosis

DUE TO

(c)

Interval Between Onset And Death: several hours; unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950 to Feb. 6, 1954, that I last saw the deceased alive on Feb 6, 1954, and that death occurred at 3:45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank A. Zack M.D.
ADDRESS: Silver Spring Md
DATE SIGNED: 2/6/54

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF: 2/6/54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State): Hash Dc

DATE REC'D BY LOCAL REGISTRAR: 2-6-54
REGISTRAR'S SIGNATURE: Frances Fetter

24. FUNERAL DIRECTOR: B. Danzansky & son
ADDRESS: 3501-14 St NW Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bresda — LENGTH OF STAY (In this place) 60 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institute of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY XXX
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural, give location) 4318 North Henderson Road

3. NAME OF DECEASED (Type or Print): (First) Victoria (Middle) (Click) (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year): Feb. 17, 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 11, 1909

9. AGE last birthday: 44 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Meyer Click

14. MOTHER'S MAIDEN NAME: Minnie Schaeffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-09-7609

17. INFORMANT AND ADDRESS: Medical record - The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

710.0

Immediate cause (a) Pulmonary edema — Interval between onset and death: 24 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hydropericardium

(c) Diffuse Scleroderma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: - -

20. AUTOPSY? (restricted) Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: -

(CITY OR TOWN): - (COUNTY): - (STATE): -

TIME OF INJURY (Month) (Day) (Year) (Hour): -- - - m.

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR? - - -

22. I hereby certify that I attended the deceased from Nov. 30, 1953, to Feb. 17, 1954, that I last saw the deceased alive on Feb. 17, 1954, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): D. Donald Whedon M.D. — ADDRESS: The Clinical Center, Bethesda, Md. — DATE SIGNED: Feb. 18, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb 19/54 — NAME OF CEMETERY OR CREMATORY: Angle Emunah Cong — LOCATION (City, town, or county): Washington Blvd. (State):

DATE REC'D BY LOCAL REG.: 2/19/54 — REGISTRAR'S SIGNATURE: C W Pedrick — 24. FUNERAL DIRECTOR: Sol Levinson & Bro — ADDRESS: 1104 W. Baltimore

JCY

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliffes Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WASHINGTON D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 2326 - Ga Ave. N.W.

3. NAME OF DECEASED (Type or Print) (First) EVA (Middle) MILLMAN (Last)

4. DATE OF DEATH (Month) Feb. (Day) 1 (Year) 1954

5. SEX F

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH 3/5/1892

9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) RUSSIA

12. CITIZEN OF WHAT COUNTRY? RUSSIA

13. FATHER'S NAME M. POTASKY

14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS JOLLIFFE REST HOME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X

Immediate cause (a) Pemphigus Vulgaris — 19 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mod. arteriosclerosis — years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11, 1954, to Feb. 1, 1954 that I last saw the deceased alive on Jan 25, 1954, and that death occurred at 12 noon from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 1919 Seminary Rd. Sil. Spgs. Md. DATE SIGNED Feb. 1, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 2/2/54

NAME OF CEMETERY OR CREMATORY Southeast Hebrew Cemetery

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. [illegible]

REGISTRAR'S SIGNATURE [illegible] Potter

24. FUNERAL DIRECTOR Goldberg Funeral Home ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural give location) 3107 Brandywine St N.W.

3. NAME OF DECEASED: (First) Thomas (Middle) Richard (Last) Murphy

4. DATE OF DEATH: (Month) Feb (Day) 26 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 11, 1881

9. AGE last birthday. yrs. 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Washington

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Murphy

14. MOTHER'S MAIDEN NAME: Catherine Kingston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Ella Murphy (wife).

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 3.24.X

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(a) Central Respiratory Failure with

DUE TO (b) Acute Pulmonary edema

DUE TO (c) Cerebellar degeneration

Interval Between Onset And Death: 48 hours

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg, etc) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19 53, to Feb. 26, 1954, that I last saw the deceased alive on 2-26, 1954, and that death occurred at Suburban Hospital, from the causes and on the date stated above. 2-27-54.

SIGNATURE P. Andrews M.D (Degree or title) ADDRESS 4301 Rosedale St N.W. Washington D.C. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 3/1/54 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 3821 - 14th St. N.W. Wash. D.C.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park, Md.
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural, give location) 11136 Georgia Ave.

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) Frances (Last) Musgrove

4. DATE OF DEATH (Month) 2 (Day) 16 (Year) 1954

5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 2-3-1876
9. AGE last birthday 78 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John H. Willow
14. MOTHER'S MAIDEN NAME Susan Tarlton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Husband Mr. Edward Musgrove - same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis & atrophy of Right cortex & Left hemiplegia — 2 yrs.

Antecedent cause(s) (b) Advanced arteriosclerosis & CHR edema — 10 yrs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Cholecystitis & numerous Gall Stones — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Bronchopneumonia. Terminal — 3 Days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Embolism to Right Thigh 3 Days
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1950, to Feb. 16, 1954, that I last saw the deceased alive on ....., 19.., and that death occurred at 3:08 a. m., from the causes and on the date stated above.

SIGNATURE Kenneth Baughlin (Degree or title) M.D. ADDRESS 934 Ellsworth Dr. Silver Spring DATE SIGNED 2/16/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb 18, 1954
NAME OF CEMETERY OR CREMATORY Salem Cemt.
LOCATION (City, town, or county) Brookville (State) Md.

DATE REC'D BY LOCAL REG. Feb. 16-1954
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR Roy W. Barber ADDRESS Laytonsville Md.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 17
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sunnyside Nursing Home 708 Philadelphia Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D. C.
STREET ADDRESS (If rural give location) 829 Whittier Place, N. W.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) WINIFRED A. MYER

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 22 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 24, 1866
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Troy, New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Emmett
14. MOTHER'S MAIDEN NAME: Louisa Clum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Louise B. Swenarton, 829 Whittier Pl., N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) DUE TO Cerebral Thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arterio-sclerosis

(c)

Interval Between Onset And Death: 11 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 12, 1954, to Feb. 22, 1954, that I last saw the deceased alive on Feb. 22, 1954, and that death occurred at 11:00 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) C. Bhitte, MD 6911 5th St. N.W. ADDRESS Washington DC DATE SIGNED 2/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/25/54
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Prince George County, Md.
DATE REC'D BY LOCAL REGISTRAR Mar 2 1954
REGISTRAR'S SIGNATURE J. Hilton Dodd
24. FUNERAL DIRECTOR Warner C. Humphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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BUREAU V. S.

1764

01750

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY MONTG MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SANDY SPRING
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR ~~STREET~~ ADDRESS MONTG CO. GEN. HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY MONTG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 2312 SEMINARY Rd.
STREET ADDRESS (If rural, give location) SILVER SPRING,

3. NAME OF DECEASED (Type or Print) (First) NELS (Middle) P. (Last) NELSON
4. DATE OF DEATH (Month) FEB. (Day) 21, (Year) 1954
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 6/20/70
9. AGE last birthday 83 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Interior Decorator
10b. KIND OF BUSINESS OR INDUSTRY Gen Decorating
11. BIRTHPLACE (State or foreign country) Denmark
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown Jens Nelson
14. MOTHER'S MAIDEN NAME Unknown Anna Maria Geiser
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Jos. A. WOODWORTH, 2312 SEMINARY Rd. SIL Spg. md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senoral Arteriosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1954, to 2/21, 1954, that I last saw the deceased alive on 2/21, 1954, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE J. W. Bird (Degree or title) M.D. ADDRESS Sandy Spring Md DATE SIGNED 2/21/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/23/54
NAME OF CEMETERY OR CREMATORY Geo Washin Cem
LOCATION (City, town, or county) Riggs Rd. Pr. Geo Co (State) Md

DATE REC'D BY LOCAL REG. 2-21-54
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Arthur L Walters ADDRESS 254 Carroll St Takoma Park, T.C.

MARGIN RESERVED FOR BINDING

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FEB 2[illegible]
BUREAU V. S.

1765

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 4335 Brandywine St NW.

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) Maud (Last) Nesbitt
4. DATE OF DEATH: (Month) Feb. (Day) 19 (Year) 1954
5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec. 18, 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Daniel Harrison Groover
14. MOTHER'S MAIDEN NAME: Melinda Katherine Lewis
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Bertha Thompson 4335 Brandywine St. DC.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cerebral Thrombosis c Rt. Hemiplegia — 32 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 2 yrs.
DUE TO (c) Osteomyelitis, chronic, left mandible — 9 yr.

420.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1951, to Feb. 19, 1954, that I last saw the deceased alive on Feb. 19, 1954, and that death occurred at 9:40 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Leo M. Curtis M.D. ADDRESS 5707 Wisconsin ave, Chevy Chase, Md. DATE SIGNED Feb. 19, 1954

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial DATE THEREOF shipped 2-20-54 NAME OF CEMETERY OR CREMATORY unknown LOCATION (City, town, or county) Knoxville (State) Tenn.

DATE REC'D BY LOCAL REGISTRAR 2/22/54 REGISTRAR'S SIGNATURE Bessie M Thompson

24. FUNERAL DIRECTOR W. W. Chambers & Co. ADDRESS 1400 Chapin St N.W.

VS. A15

RECEIVED
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BUREAU V. S.

1766

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 611 Rosemere Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 611 Rosemere Street

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Frank (Last) Nichter
4. DATE OF DEATH (Month) Feb. (Day) 15 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 18, 1889
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building engineer
10b. KIND OF BUSINESS OR INDUSTRY U.S. Government
11. BIRTHPLACE (State or foreign country) Scranton, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Nichter
14. MOTHER'S MAIDEN NAME Josephine Bartel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mr. Harry R. Nichter, Rt. #2, Herndon, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-15-54

CREMATION (Specify) Burial DATE THEREOF 2/17/54 NAME OF CEMETERY OR CREMATORY Geo. Wash. Memorial Cemetery, LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REG. 2-17-54 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR Warren E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and specially important Physicians: please write the causes of death clearly and legibly.

RECEIVED
1954
BUREAU V. S

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
STREET ADDRESS (If rural give location) rural (Brantown)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Gloria	B	Nolan	Feb	26	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
female	col	single	8-16-1953		6	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Washington, DC	USA

13. FATHER'S NAME Preston Nolan
14. MOTHER'S MAIDEN NAME Mary F. Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		father

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
490 X Immediate cause (a) Left lobar pneumonia with	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) left empyema	1 wk
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul J. Broschart	M.D.	Gaithersburg Md	2-27-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
Burial	3-1-54	Brownstown	Germantown, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-1-54	Dorothy B. Jackson	Robert L. Snowden	Rockville Md

VS. A15A

BUREAU V. S.

1768

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 629 Sligo Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 629 Sligo Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Emma (Last) Norris

4. DATE OF DEATH: (Month) Feb (Day) 5 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 30, 1881

9. AGE last birthday: 72 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Clarksville, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William F. Hearn

14. MOTHER'S MAIDEN NAME: Emma Knott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Henry I. Moler, 629 Sligo Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) 450.0 Bronchial Pneumonia	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Acute Myocardial Failure	5 days
	DUE TO (c) Generalized arteriosclerosis	Years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10, 19 45 to 2-5, 19 54, that I last saw the deceased alive on 2-5, 1954 and that death occurred at 11:45 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: 19 E. Burgess Rd. DATE SIGNED: Feb. 6-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/9/54 — NAME OF CEMETERY OR CREMATORY: Park Heights Cemetery — LOCATION (City, town, or county) (State): Brunswick, Frederick Co., Md.

DATE REC'D BY LOCAL REGISTRAR: 2-9-54 — REGISTRAR'S SIGNATURE: Frances Potter — 24. FUNERAL DIRECTOR: Warner & Lumphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
FEB 15
BUREAU V. S.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 824 Sligo Ave.

3. NAME OF DECEASED (Type or Print) (First) Hugh (Middle) Francis (Last) O'Donnell

4. DATE OF DEATH (Month) Feb. (Day) 8 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Marvin d
8. DATE OF BIRTH 2-24-74
9. AGE last birthday 79 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Chief Deputy Sheriff
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Patrick O'Donnell
14. MOTHER'S MAIDEN NAME Lucy Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) 1898
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Old rec. Wash. Sanitarium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 332X

Immediate cause (a) THROMBOSIS, CEREBRAL.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROSIS, CEREBRAL

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. STENOSIS, AORTIC.

INTERVAL BETWEEN ONSET AND DEATH 7 DAYS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1954, to Feb. 8, 1954, that I last saw the deceased alive on Feb. 8, 1954, and that death occurred at 3:10 P.m., from the causes and on the date stated above.

SIGNATURE James A. Roberts (Degree or title) M.D. ADDRESS 8901 Colesville Rd. Silver Spring, Md. DATE SIGNED 2/8/54

23. BURIAL, CREMATION REMOVAL (Specify) Fenci
DATE 2/11/54
NAME OF CEMETERY OR CREMATORY Colesville Cemetery
LOCATION (City, town, or county) (State) Montgomery County, Maryland

DATE REC'D BY LOCAL REG. Feb. 11-1954
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Warner E. Humphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Echo
MARYLAND
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 21 Oxford Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Echo.
STREET ADDRESS (If rural, give location) 21 Oxford Rd

3. NAME OF DECEASED (Type or Print) (First) Roger (Middle) R. (Last) Orndorff

4. DATE OF DEATH (Month) Feb (Day) 22 (Year) 1954

5. SEX Male

6. COLOR OR RACE W

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, ~~(SPECIFY)~~

8. DATE OF BIRTH Oct. 15, 1890

9. AGE last birthday 63 yrs. If under 1 year: Months 4, Days 6, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer - Ret

10b. KIND OF BUSINESS OR INDUSTRY Self-Emp.

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Emanuel Luther Orndorff

14. MOTHER'S MAIDEN NAME Harriet Orndorff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 578-03-5892

17. INFORMANT AND ADDRESS 311 So. Filmore St. Mrs. Teresa Tyrrell - So. Arlington, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Sclerosis and insufficiency — 8 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. ..., 1953, to Feb 22, 1954, that I last saw the deceased alive on Feb 21, 1954, and that death occurred at 6:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. Herbert Bauersfeld M.D. ADDRESS 1912 R St. N.W. DATE SIGNED 2-22-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 2/25/1954 | NAME OF CEMETERY OR CREMATORY Mt. Hebron | LOCATION (City, town, or county) (State) Winchester Co. Virginia

DATE REC'D BY LOCAL REG. 2/23/54 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Robert A. Pumphrey | ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

FEB
BUREAU V. S.

1696 Film#G161 Item# 12 2/18/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Wash. D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location) 5800-16th St NW

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) Oxenburg
4. DATE OF DEATH: (Month) Feb. (Day) 9 (Year) 1954
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-15-76
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Retired Merchant
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Oxenburg
14. MOTHER'S MAIDEN NAME: Rachel L. Austhaler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Self. & Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
154X
Immediate cause (a) Metastatic Carcinoma to Brain stem — Interval Between Onset And Death 1 MO
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Adenocarcinoma of Rectum — 6 MOS.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pulmonary congestion

19a. DATE OF OPERATION: 10-2-53
19b. MAJOR FINDINGS OF OPERATION Retrosigmoid involved in malignant Process
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15/53, to 2-8-54, that I last saw the deceased alive on 2/8/1954 and that death occurred at 9:25 am, from the causes and on the date stated above.
SIGNATURE (Degree or title) Maurice Pretas M.D. ADDRESS 915-19 St N.W. DATE SIGNED D.C. 2/9/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 11, 1954
NAME OF CEMETERY OR CREMATORY Adas Israel Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REGISTRAR Feb. 9th 1954
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR B. Danzansky & Son - Wash. D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 58

CERTIFICATE OF DEATH

Reg. Dist. No.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockaster
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Oliver (Last) [illegible]RKINS JR.

4. DATE OF DEATH: (Month) February (Day) 7 (Year) 19 54

5. SEX: [illegible]le

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH:

9. AGE last birthday: [illegible] yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Marine

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New [illegible]

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: John Oliver Perkins Sr.

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) [illegible] 2-7-

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

810X

Immediate cause (a) Encephalopathy due to trauma — Interval Between Onset And Death: 16 days.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Compound, depressed fracture of the skull — 16 days.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) [illegible]

(CITY OR TOWN) Qua[illegible] (COUNTY) (STATE) Vir[illegible]

TIME OF INJURY (Month) (Day) (Year) (Hour) 1-22-1954 m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? Auto-[illegible]

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19 54, that I last saw the deceased alive on Feb. 7, 19 54, and that death occurred at [illegible], from the causes and on the date stated above.

SIGNATURE E.P. Shelin (Degree or title) USN U.S. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible]

DATE THEREOF Feb. 12 1954

NAME OF CEMETERY OR CREMATORY [illegible] Cemetery

LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REGISTRAR [illegible]

REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR ADDRESS

FEB 15
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 12

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson
LENGTH OF STAY (in this place) 1 hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS O. W. Anderson Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Kirby (Middle) Ashby (Last) Printz

4. DATE OF DEATH (Month) Feb (Day) 6 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 8 April 1896
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Leonard Printz
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 236-14-6558
17. INFORMANT AND ADDRESS Clifton A. Printz, Dickerson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

910.1

Immediate cause (a) Cerebral hemorrhage & laceration — INTERVAL BETWEEN ONSET AND DEATH: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to fracture of skull — death

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Farm (CITY OR TOWN) Dickerson (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 2-6-54 - 2 P m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Was cutting trees & large limb fell and struck him on head

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒ Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Booschat (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-6-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9 Feb 1954
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 8 Feb 1954
REGISTRAR'S SIGNATURE Charles W. Kelgue per L.J.
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

9-Feb-1954

DEC 1 1954

BUREAU V. S.

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(1750)

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7031 Strathmore Street
MARYLAND
LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 7031 Strathmore Street

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) A. (Last) QUAYLE

4. DATE OF DEATH (Month) Feb. (Day) 17, (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Nov. 13, 1867

9. AGE last birthday 86 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Wellsville, Ohio

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME John Roberts

14. MOTHER'S MAIDEN NAME Sarah Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Edgar A. Quayle - 7426 Hamden Lane, Bethesda, Md.

4

MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Viral Hepatitis. — Interval between onset and death: 6 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)... (c)...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis-Generalized — 10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 27, 1953, to Feb 16, 1954, that I last saw the deceased alive on Feb 16, 1954, and that death occurred at 9:50A m., from the causes and on the date stated above.

SIGNATURE Joseph H Walson (Degree or title) M.D. ADDRESS 4831 Drummond Ave. DATE SIGNED Feb. 17/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit

DATE Feb. 19, 1954

NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery

LOCATION (City, town, or county) (State) Columbiana County, Ohio

DATE REC'D BY LOCAL REG. 2/20/54

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert H. Humphrey

ADDRESS Bethesda, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 1234 Clagett Drive

3. NAME OF DECEASED: (Type or Print) (First) Joanne (Middle) Redwing (Last)

4. DATE OF DEATH: (Month) Feb. (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feb. 15 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 19

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Luther Lemuel Redwing

14. MOTHER'S MAIDEN NAME: Virginia Anne Ryan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Asphyxia (Aspiration Pneumonia) 20 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Aspiration Amniotic Fluid 20 hrs

DUE TO (c) Cord around neck very tightly

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 5 '54, 19 , to Feb 14 '54, 19 , that I last saw the deceased alive on Feb 14, 1954, and that death occurred at 3:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation

DATE THEREOF 2-25-54

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Buffalo, New York

DATE REC'D BY LOCAL REGISTRAR 2-24-54

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Dumphrey

ADDRESS Bethesda, Md.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tatoma Park
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 5 Midhurst

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Genevieve (Last) Richardson
4. DATE OF DEATH (Month) Feb (Day) 16 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 9-12-(?)
9. AGE last birthday 70+(?) yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Constantine Richardson
14. MOTHER'S MAIDEN NAME Elizabeth Godwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS (nephew) Mr Warren Richardson - same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Heart Block - complete

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1949, to 2/16, 1954, that I last saw the deceased alive on 2/16, 1954, and that death occurred at 3:40 P m., from the causes and on the date stated above.

SIGNATURE Dean H Harding (Degree or title) ADDRESS 113 Carroll St. N.W. Wash. D.C. DATE SIGNED 2/16/54

23. [redacted] CREMATION (Specify) DATE Feb. 18, 1954 NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory LOCATION (City, town, or county) Prince Geo. Co. (State) Md

DATE REC'D BY LOCAL REG. Feb. 17-1954 REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters, ADDRESS 254 Carroll St. NW D.C.

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01763

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) Shepherd Street

3. NAME OF DECEASED (Type or Print) (First) OLIVE (Middle) LILY (Last) RICHMOND
4. DATE OF DEATH (Month) 2 (Day) 6 (Year) 1954
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug. 26, 1902
9. AGE last birthday 51 yrs. If under 1 year Months 5 Days 10 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible] Home
11. BIRTHPLACE (State or foreign country) New Jersey
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Ellsworth Dawson
14. MOTHER'S MAIDEN NAME Idella Harris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Rev. C.H. Richmond- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
152X Immediate cause (a)	Respiratory Failure	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Cardiac Failure with widespread metastasis	24 hrs.
(c)	Chondrosarcoma of right ileum	6 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/24, 1953, to 2/6, 1954, that I last saw the deceased alive on 2/6, 1954, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE Frank Jaggers (Degree or title) M.D. ADDRESS 5707 Wisconsin Ave Chevy Chase Md DATE SIGNED 2/6/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-9-54
NAME OF CEMETERY OR CREMATORY Parklawn
LOCATION (City, town, or county) Rockville, Maryland (State)

DATE REC'D BY LOCAL REG. 2/9/54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert H. Pumphrey ADDRESS Bethesda, Md.

RECEIVED
FEB 11
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring
LENGTH OF STAY (in this place) 6 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS near Brinklow

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring
STREET ADDRESS (If rural, give location) rural

3. NAME OF DECEASED (Type or Print) (First) Hubert (Middle) Bently (Last) Robison

4. DATE OF DEATH (Month) Feb (Day) 3 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 2-25 1909
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Released from Air Force
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? N. Sq

13. FATHER'S NAME Francis P. Robison
14. MOTHER'S MAIDEN NAME Mary Bently

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mary Bently Robison (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

976X

Immediate cause (a) Cerebral hemorrhage and — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) laceration due to gun shot — death

(c) wound thru skull

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) Sandy Spring (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 2-3-54-12 45 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? self inflicted shot gun wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-3-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Feb 5/54 NAME OF CEMETERY OR CREMATORY Woodside Brinklow LOCATION (City, town, or county) Montgomery Co (State) Md

DATE REC'D BY LOCAL REG. 2-5-54 REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Roy W. Barber ADDRESS Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1776

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 1164

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.
STREET ADDRESS (If rural, give location) 3804 Alton Place, N. W.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Stephen	H	Roblin		Feb	7	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	[illegible]	Jan. 7, 1907	47 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sale Man	Nursery Products	Cambridge, Massachusetts	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick Roblin	Wilma Harnick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	020-03-3020	Sally R. Roblin, 10 Hayes Ave., Lexington 73, Mass.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carbon monoxide poisoning	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Found lying back of his auto with hose up exhaust. Motor running

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bozzuto	M.D	Gaithersburg Md	2-7-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 10, 1954	West View Cemetery, Lexington, Middlesex County, Mass.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-8-54		Warner E. Pumphrey	Silver Spring, Md.

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BUREAU V. S.

ITEMS 2, 8, 9, 17: film G161 3-19-54 L

1777

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 10 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lane Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ~~Virginia~~ MARYLAND COUNTY Montgomery ~~Fairfax~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Fairfax Church~~
STREET ADDRESS ROCKVILLE (If rural give location) ~~Rural~~

3. NAME OF DECEASED: (Type or Print) (First) LENA (Middle) SUSAN (Last) SADLER
4. DATE OF DEATH: (Month) FEB. (Day) 24 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Aug. 1873 1873
9. AGE last birthday: 17 18 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Daniel Hubbard
14. MOTHER'S MAIDEN NAME: Maryanne Elizabeth Cooke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Great Falls rd. Rock Rd. Mrs. Rock C. Jenkins, daughter Vienna, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) BRONCHIAL PNEUMONIA
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) MALNUTRITION
DUE TO
(c) SENILITY

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PARALYSIS AGITANS.

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 30, 1953, to FEB. 24, 1954, that I last saw the deceased alive on FEB. 24, 1954, and that death occurred at 11:00 A.M., from the causes and on the date stated above.
SIGNATURE Benjamin Lowden (Degree or title) M.D. ADDRESS 5206 Norway Dr. Chevy Chase, Md. DATE SIGNED 2/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 26
NAME OF CEMETERY OR CREMATORY Cambridge Cemetery
LOCATION (City, town, or county) Cambridge (State) Md.
DATE REC'D BY LOCAL REGISTRAR 2/24/54
REGISTRAR'S SIGNATURE Frances Hetter
24. FUNERAL DIRECTOR Joseph F. Birch's Sons ADDRESS 3034 M. St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1778

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 806 East Ave.

3. NAME OF DECEASED (Type or Print) (First) ADA (Middle) SCLAR (Last) SANDERS

4. DATE OF DEATH (Month) Feb (Day) 19 (Year) 1954

5. SEX F

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 24, 1903

9. AGE last birthday 50 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Merchant

11. BIRTHPLACE (State or foreign country) Lithuania

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Moses Sclar

14. MOTHER'S MAIDEN NAME Katherine Dot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Hilbert Sanders - 806 East Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X Immediate cause (a) Carcinoma of colon, splenic flexure — Interval between onset and death: 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) with metastasis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Oct 26 1953

19b. MAJOR FINDINGS OF OPERATION Carcinoma of colon - inoperable

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1953, to Feb 19, 1954, that I last saw the deceased alive on Feb 19, 1954, and that death occurred at 4:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Aaron H. Traum M.D. 8237 Georgia Ave Silver Spring Md Feb 19 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Feb 21 1954

NAME OF CEMETERY OR CREMATORY Chev Cholom Cemetery

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 2/22/54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR B. Davidsky & Son ADDRESS Wash D.C.

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FEB
BUREAU V. S.

97

Written authorization from both parents [illegible] M.R.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legible.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (in this place) 3hrs 12min

HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SANITARIUM & HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville

STREET ADDRESS (If rural, give location) 1120 Grandin Circle

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Schulte

4. DATE OF DEATH: (Month) (Day) (Year) 2 - 19 - 1954

5. SEX: Female

6. COLOR OR RACE: Caus

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-19-54

9. AGE last birthday: yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fred Walker Schulte

14. MOTHER'S MAIDEN NAME: Lorraine Clarice Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) 1

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

751 X

Immediate cause (a) 1. Hydrocephalus

~~DUE TO~~ 2. Spina Bifida

Antecedent cause(s) (b) 3. possible Myelocele

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last ~~DUE TO~~ 4. Bilateral Talipes Equinovarus.

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-19, 1954, to 2-19, 1954, that I last saw the deceased alive on 2-19, 1954, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

SIGNATURE Dean Harding MD (DEGREE OR TITLE) 113 Carroll St NW Wash DC ADDRESS | DATE SIGNED 2-19-54

23. BURIAL, CREMATION REMOVAL (Specify): Cremation | DATE THEREOF 2-23-54 | NAME OF CEMETERY OR CREMATORY Wash. San. & Hospital | LOCATION (City, town, or county) Takoma Park 12 (State) Md

DATE REC'D BY LOCAL REG. Feb. 22-1954 | REGISTRAR'S SIGNATURE J. Wilson Dodd | **24. FUNERAL DIRECTOR** Dr R A Hare, Wash. San. & Hospital ADDRESS

RECEIVED
FEB 54
BUREAU V. S.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 2 4

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8401 16th Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8401 16th Street

3. NAME OF DECEASED (Type or Print) (First) Ashby (Middle) Ann (Last) Schulze

4. DATE OF DEATH (Month) Feb. (Day) 16 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 5/19/89

9. AGE last birthday 64 yrs. If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Montrose, West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alexander H. Wilson

14. MOTHER'S MAIDEN NAME Elizabeth L. Luttrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS Mrs. Thelma DeVol, 6511 7th Place, N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval between onset and death: 3 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Heart Disease — 10 yrs.

(c) Arteriosclerosis Generalized — 10-12 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Aug. 1953, to 16 Feb. 1954, that I last saw the deceased alive on 15 Feb. 1954, and that death occurred at 4:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M. Queen M.D. 7112 Walton Ave. Takoma Park, Md. 17 Feb. 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 2/19/54 | NAME OF CEMETERY OR CREMATORY Park Heights Cemetery | LOCATION (City, town, or county) (State) Brunswick, Maryland

DATE REC'D BY LOCAL REG. 2/18/54 | REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner C. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

BUREAU V. S.

1780

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda Rural
LENGTH OF STAY (in this place): 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D. C.
STREET ADDRESS (If rural give location): 1506 34th Street NW

3. NAME OF DECEASED: (Type or Print) (First) Beatrice (Middle) Tracy (Last) SCHUYLER

4. DATE OF DEATH: (Month) Feb (Day) 18 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 8, 1891

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: House wife

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Willis E. TRACY

14. MOTHER'S MAIDEN NAME: Alice MERSHOM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): - -

16. SOCIAL SECURITY NO.: - -

17. INFORMANT & ADDRESS: Husband Garret L. SCHUYLER, 1506 34th St.NW, Washington, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 581.0 (a) Cirrhosis, Portal — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

Interval Between Onset And Death: 5 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Jan 54, to 18 Feb 54, that I last saw the deceased alive on 18 Feb 54, and that death occurred at 2:35 am, from the causes and on the date stated above.

SIGNATURE S. R. Mills (Degree or title) — ADDRESS: S. R. MILLS JR LT,MC,USN U.S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED: 2-19-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 18 Feb 1954 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 18 Feb 1954 — REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR — ADDRESS: JOSEPH GAWLER'S SONS FUNERAL HOME, 1756 Pennsylvania Ave., NW Washington, D.C.

VS. A15

FEB
BUREAU V. S.

Item 9 film G 161 3/3/54 cm

1781

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN / LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)

4. DATE OF DEATH (Month) (Day) (Year) 19

5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday 81 XXX yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....., that I last saw the deceased alive on ....., 19...., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 2-21-64 | NAME OF CEMETERY OR CREMATORY Forest Oak | LOCATION (City, town, or county) Gaithersburg (State) Md

DATE REC'D BY LOCAL REG. Feb 19, 1954 | REGISTRAR'S SIGNATURE Alfred G. Cooke | 24. FUNERAL DIRECTOR Ernest C. Gartner | ADDRESS Gaithersburg Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

1782

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

211

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Montg — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boyds. Rural — LENGTH OF STAY (in this place): 20 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: aryland — COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boyds.
STREET ADDRESS (If rural give location): Rural

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
William Jennings Selby	Feb 16 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
[illegible]ale	[illegible]hite	Married	Jan 6-1898	56 yrs.	1	10		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm Owner	Bear- Darnstown, Md,	U S A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William B. Selby	Anne Hamel

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Mrs Evelyn McAtee Selby. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Coronary Thrombosis — Interval Between Onset And Death: 2 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arterio sclerotic Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of Liver

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg, etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Clarksburg,	Montgomery,	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12 Feb., 1954, to 16 Feb., 1954, that I last saw the deceased alive on 16 Feb., 1954, and that death occurred at Clarksburg from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr. Vernon E. Mortens		Germantown	Md

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2-20-54	Darnestown Cemetery	Darnestown	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 24 1954	Della N. Burdette	Ernest C. Hartner.	Gaithersburg Md

FEB

V. S.

1783

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural X
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last)

4. DATE OF DEATH: (Month) (Day) (Year) 19

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Puerto Rico

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Gilbert Serrano

14. MOTHER'S MAIDEN NAME: Carmen Menendez

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 5-26-52 to 2-1-54

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Father: Gilbert Serrano 4320 3rd. Avenue Brooklyn, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

010X

Immediate cause (a) Tuberculous meningitis

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death 1 mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1954, to Feb. 1, 1954, that I last saw the deceased alive on Jan. 30, 19.., and that death occurred at ..., from the causes and on the date stated above.

SIGNATURE W. T. Hall (Degree or title) ADDRESS DATE SIGNED

[illegible] USNR, U.S. Naval Hospital, NNMC, Bethesda, Maryland Feb 1, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR February 1, 1954 REGISTRAR'S SIGNATURE Mary C. Farrelly

24. FUNERAL DIRECTOR R.A. Pumphrey Funeral Home, [illegible] Avenue, Bethesda, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

LUREAU V. S.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 5 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural, give location) 1009 Urell St. N.E

3. NAME OF DECEASED (Type or Print) (First) Mamie (Middle) Ellis (Last) Simms

4. DATE OF DEATH (Month) 2 (Day) 25 (Year) 1954

5. SEX Fe

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH Mar. 7, 1894

9. AGE last birthday 59 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Dempsey

14. MOTHER'S MAIDEN NAME Betty A. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Leone D. Misler, 1615 Tuckerman St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
260X Immediate cause	(a) Acute Pulmonary Edema	1 hour
Antecedent cause(s)	Coronary Thrombosis - myocardial infarction	18 hrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Hypertensive disease	?
	(c) Diabetes mellitis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1936, to Feb. 25, 1954, that I last saw the deceased alive on 2-25, 1954, and that death occurred at 5:29 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. 4847 [illegible] 3-25-54

23. BURIAL, CREMATION REMOVAL (Specify) DATE 3/1/54 NAME OF CEMETERY OR CREMATORY Fort Lincoln LOCATION (City, town, or county) ~~[illegible]~~ (State) Md.

DATE REC'D BY LOCAL REG. Feb. 25 1954 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Colmar Manor J. Wm Lee & Sons Co. ADDRESS 300-4th St. N.E. Wash. D.C.

RECEIVED
MAY 1 1954
BUREAU

1700

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY Montgomery. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. LENGTH OF STAY (in this place) 9 days 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital Takoma Park.

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 1705 Florin St.

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) (none) (Last) Slaxer
4. DATE OF DEATH (Month) Feb. (Day) 14 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 9-9-69
9. AGE last birthday 84 yrs. If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Retired Housewife
11. BIRTHPLACE (State or foreign country) Conn.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Adolphus Feldvoss
14. MOTHER'S MAIDEN NAME Elizabeth Kraak.

15. WAS EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia, Right Lung. Kidney? — Interval Between Onset and Death: 6 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c) Arteriosclerosis, General.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) —
(COUNTY)
(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb. 8 ..., 1954, to Feb. 14 ..., 1954, that I last saw the deceased alive on Feb. 14 ..., 1954, and that death occurred at 12 45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Emma A. Roberts M.D. ADDRESS 8901 Colesville Rd. Silver Spring, Md. DATE SIGNED Feb. 14, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE Feb. 16, 1954
NAME OF CEMETERY OR CREMATORY Congressional Cemetery
LOCATION (City, town, or county) (State) Washington, D. C.

DATE RECD BY LOCAL REG. Feb 17 1954
REGISTRAR'S SIGNATURE [illegible]
FUNERAL DIRECTOR Warner C. Pumphrey
ADDRESS Silver Spring, Md.

RECEIVED
FEB 16 1 4
BUREAU V. S.

Written Permission Rec'd from both parents
Medical Record Library
VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SANITARIUM & HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural, give location) 48 D Crescent Road ✓

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Smith

4. DATE OF DEATH: (Month) (Day) (Year) February 3 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: February 3, 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min. 28

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alton Leroy Smith

14. MOTHER'S MAIDEN NAME: Louise Elsie Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mother-48 D Crescent Road, Greenbelt, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

761.0

Immediate cause (a) Breech presentation - baby unborn

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Difficulty in delivering after coming head

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Emma Hughes M.D. Takoma Park Md. FEB 3 1954

23. BURIAL, CREMATION REMOVAL (Specify): Cremation

DATE THEREOF 2-8-54

NAME OF CEMETERY OR CREMATORY Washington San. & Hospital

LOCATION (City, town, or county) (State) Takoma Park 12, Md.

DATE REC'D BY LOCAL REG. Feb 8 1954

REGISTRAR'S SIGNATURE J. Austin Dodd

24. FUNERAL DIRECTOR ADDRESS Robert A. Hare, M.D. Wash. San. & Hosp. Takoma Park Md.

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BUREAU V. S.

1784

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY ... MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...
LENGTH OF STAY (in this place) ...
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ... COUNTY ...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...
STREET ADDRESS (If rural give location) ...

3. NAME OF DECEASED: (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) [illegible] (Day) 3 (Year) 19 ..

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 11, 1954

9. AGE Last birthday: ... yrs. IF UNDER 1 YEAR: Months 1, Days ... IF UNDER 24 HRS.: Hours ..., Min. ...

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: ...

11. BIRTHPLACE (State or foreign country): Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY? ...

13. FATHER'S NAME: Fr[illegible]lin R. SMITH

14. MOTHER'S MAIDEN NAME: Hazel Elizabeth COOLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) ...

16. SOCIAL SECURITY No.: ...

17. INFORMANT & ADDRESS: ...
Sellran, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) overwhelming Sepsis — Interval Between Onset And Death: unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Impetigo — 9 days
DUE TO (c) unknown type primary skin rash — 1 mo.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ...

19a. DATE OF OPERATION: ...
19b. MAJOR FINDINGS OF OPERATION ...
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ...
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ...
(CITY OR TOWN) ... (COUNTY) ... (STATE) ...

TIME OF INJURY (Month) ... (Day) ... (Year) ... (Hour) ... m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ...

22. I hereby certify that I attended the deceased from ..., 19.., to ..., 19..., that I last saw the deceased alive on ..., 19.., and that death occurred at ..., from the causes and on the date stated above.
SIGNATURE M.S. Allen (Degree or title) ... ADDRESS ... DATE SIGNED ...

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb 7, 19..
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) [illegible] (State) ...

DATE REC'D BY LOCAL REGISTRAR ...
REGISTRAR'S SIGNATURE Mary E. Fassett
24. FUNERAL DIRECTOR ...
ADDRESS ...

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Cheny Chase
STREET ADDRESS (If rural, give location): 25 Farrington Dr.

3. NAME OF DECEASED: (Type or Print) (First) Warren (Middle) T. (Last) Snyder

4. DATE OF DEATH (Month) Feb (Day) 26 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: [illegible] 12, 1875
9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months 9, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Mot.-Taylor
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): Allentown, Pa.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Warren T. Snyder
14. MOTHER'S MAIDEN NAME: ? Heimbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: H. Glen Garvin- Ite... 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Concussion, cerebral. — INTERVAL BETWEEN ONSET AND DEATH: 1 hr. 15 min

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Comminuted fracture, skull

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ **or CONTRIBUTING** ☐ **CAUSE OF DEATH.**
21b. PLACE (Home, farm, factory, street, office bldg., etc.) **OF INJURY:** Home
21c. (City or town) Cheny Chase (County) Montgomery (State) Maryland

21d. TIME OF INJURY (Month) 2 (Day) 26 (Year) 54 (Hour) 10:30 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? fell down stairs

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Frank J. Broschart — M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED: 2-27-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit
DATE THEREOF: 2-28-54
NAME OF CEMETERY OR CREMATORY: White Marsh Cemetery
LOCATION (City, town, or county) (State): Philadelphia, Pa.

DATE REC'D BY LOCAL REG.: 3/1/54
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Robert A. Humphrey
ADDRESS: Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

MAR
BUFFALO N. Y.

1706

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville — LENGTH OF STAY (in this place) 6 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1309 Clagett Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY Center
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pine Grove Mills
STREET ADDRESS (If rural, give location) Box 41 √

3. NAME OF DECEASED (Type or Print): (First) Ellen (Middle) Elizabeth (Last) Solt
4. DATE OF DEATH: (Month) Feb (Day) 12 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 29 May 1876
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): Millesburg, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Dolphe Franks
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: Myrrel Dennis Solt (Son) 1309 Clagett Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	4 months
	(c) Age	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Varicose Eczema, left leg

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 29, 1953, to Feb 8, 1954, that I last saw the deceased alive on Feb 8, 1954, and that death occurred at 11 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John de L.S. Morris M.D. Walter Reed Hospital 12 Feb 54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	Feb. 14, 1954	Union Cemetery	Center County, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-16-54	David M. Jones	Robert M. Humphrey	[illegible]

FEB 18 1954
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

780

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:
COUNTY Ontg. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Ontg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg
STREET ADDRESS (If rural give location) 10 Cedar Ave.

3. NAME OF DECEASED: (Type or Print) (First) Pamma (Middle) Fulks (Last) Souder

4. DATE OF DEATH: (Month) Feb (Day) 6 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: May 16-1868
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months 8 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home Work
11. BIRTHPLACE (State or foreign country): Harrisonburg Va
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William Fulks
14. MOTHER'S MAIDEN NAME: Laura Peterson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Letty Souder. Gaithersburg. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

794 X

Immediate cause (a) Senility — Interval Between Onset And Death: Years

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 25, 1954, to Feb. 6, 1954 that I last saw the deceased alive on Feb. 5, 1954 and that death occurred at 9:30 am., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jack Schumacher, M.D. ADDRESS Gaithersburg, Md. DATE SIGNED Feb. 7, 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-8-54
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) (State) Gaithersburg. Md.

DATE REC'D BY LOCAL REGISTRAR Feb 7-1954
REGISTRAR'S SIGNATURE Aborda G. Crode
24. FUNERAL DIRECTOR Ernest C. Gartner. ADDRESS Gaithersburg. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8019 Eastern Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8019 Eastern Avenue

3. NAME OF DECEASED: (Type or Print) (First) Helene (Middle) (Last) Squires

4. DATE OF DEATH (Month) Feb. (Day) 25 (Year) 19 54

5. SEX: Female **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widowed **8. DATE OF BIRTH:** 11/2/63 **9. AGE last birthday:** 90 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Homemaker **10b. KIND OF BUSINESS OR INDUSTRY:** Own home **11. BIRTHPLACE** (State or foreign country): Wisconsin **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: Christopher Wagner **14. MOTHER'S MAIDEN NAME:** Dora Euhann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) **16. SOCIAL SECURITY NO.:** None **17. INFORMANT & ADDRESS:** Mrs. Hazel Hoffman, 8019 Eastern Ave., Apt. 106 Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) H.D.I. DUE TO Coronary occlusion — Interval between onset and death: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c) death

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul J. Bouchart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 2-25-54

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial DATE THEREOF 2/27/54 NAME OF CEMETERY OR CREMATORY Riverside Cemetery LOCATION (City, town, or county) Cleveland, Ohio (State)

DATE REC'D BY LOCAL REG. 2/26/54 REGISTRAR'S SIGNATURE Thomas Tatar **24. FUNERAL DIRECTOR** Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8719 Sundale Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural, give location) 8719 Sundale Drive

3. NAME OF DECEASED (Type or Print) (First) Wade (Middle) Cushing (Last) Stinson
4. DATE OF DEATH (Month) Feb. (Day) 27 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Dec. 18, 1953
9. AGE last birthday 0 yrs. If under 1 year Months 2 Days 9 If under 24 hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Wade Stinson
14. MOTHER'S MAIDEN NAME Barbara Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Dr. Henry Wade Stinson, 8719 Sundale Drive Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

924.0 Immediate cause (a) Asphyxia due to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Suffocation

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed at home

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. INTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above held on Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐

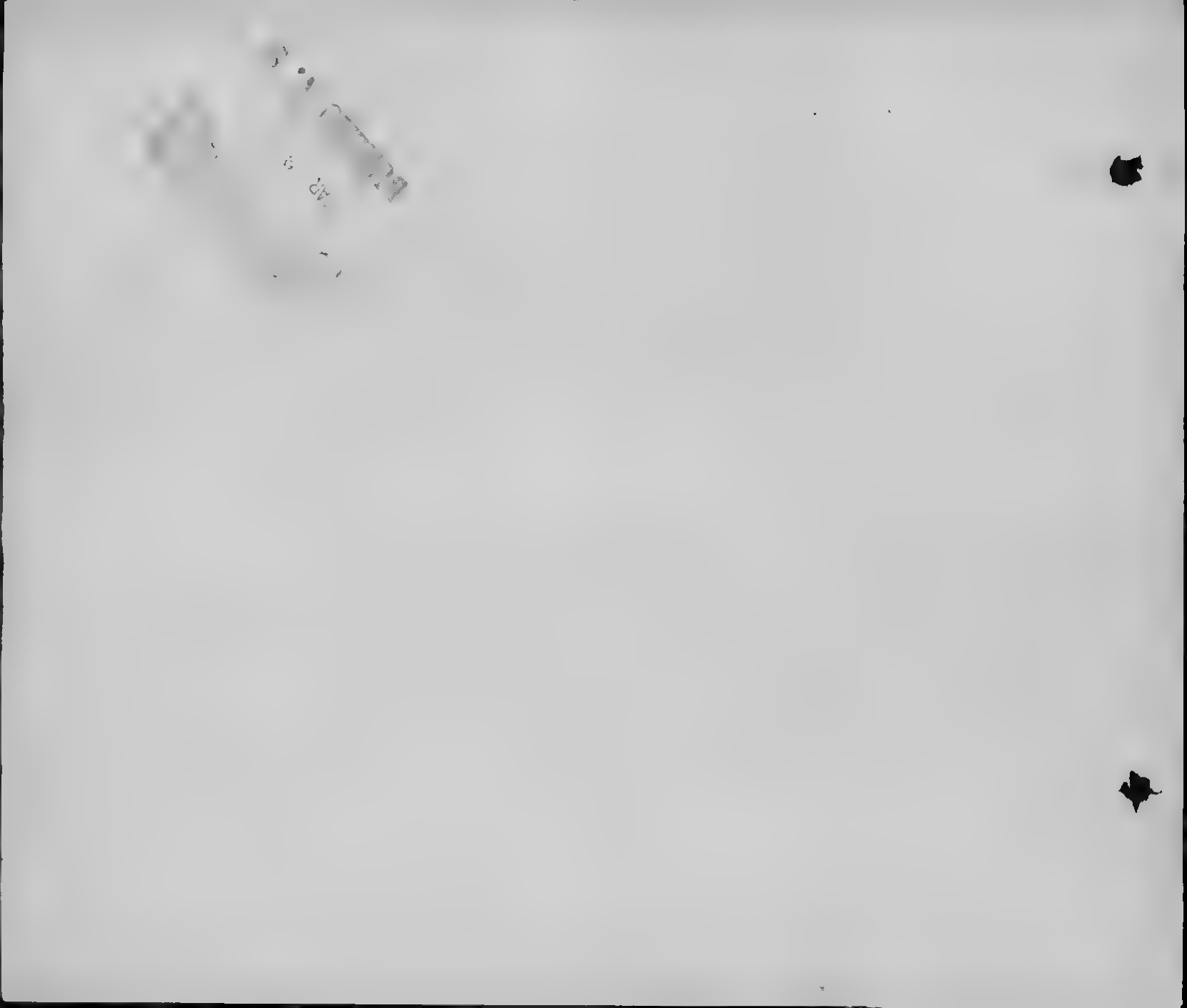
SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md. DATE SIGNED 2-27-54

23. DISPOSITION: Transit-Burial
DATE THEREOF Feb. 28, 1954
NAME OF CEMETERY OR CREMATORY Monta Vista Cemetery
LOCATION (City, town, or county) (State) Bluefield, Mercer Co. W. Va.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 2-4-54 Frances Potter
24. FUNERAL DIRECTOR Warner E. Rumphrey ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLACE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and specially important Physicians: please write the causes of death clearly and legibl



Item 21 Film G162 3/23/54 ams

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MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Takoma Park
LENGTH OF STAY (in this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: — COUNTY: —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington D.C.
STREET ADDRESS (If rural, give location): 207 Underwood St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Nettie (Middle) (Hope) (Last) Stumb

4. DATE OF DEATH: (Month) 2 (Day) 27 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 5-10-76

9. AGE last birthday: 77 yrs. — If under 1 Year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Fleming

14. MOTHER'S MAIDEN NAME: Catherine Englebright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): —

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypostatic Bronchopneumonia — Interval between onset and death: 4 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Intertrochanteric Fracture Left Femur — 12 days

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Hypochromic Microcytic Anemia
Generalized arteriosclerosis

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Nursing Home

(CITY OR TOWN): 1387 Monroe St. N.W.

(COUNTY): —

(STATE): D.C.

TIME OF INJURY (Month) (Day) (Year) (Hour): 2/14/54 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Fell to knees in bathroom.

22. I hereby certify that I attended the deceased from Nov. , 1953, to 2/27 , 1954., that I last saw the deceased alive on 2/26 , 1954, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Benjamin Isaacs, M.D. — ADDRESS: 7896 Georgia Ave. Silver Spring Md. — DATE SIGNED: 2/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE: Mar. 1, 1954 — NAME OF CEMETERY OR CREMATORY: Rosedale Cem. — LOCATION (City, town, or county) (State): Woodmont, Md.

DATE REC'D BY LOCAL REG.: Feb. 27-1954

REGISTRAR'S SIGNATURE: J. Nelson Locke

24. FUNERAL DIRECTOR — ADDRESS: Neal Funeral Home Washington, D.C.

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M.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 9127 Flower Avenue

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) M (Last) Sullivan

4. DATE OF DEATH: (Month) Feb. (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Aug. 5, 1868

9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farm Laborer, Street car operator retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Perry Sullivan

14. MOTHER'S MAIDEN NAME: Catherine Thompson

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Edith L. Wolfe, 8300 16th St. Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153*

Immediate cause (a) Cardiac failure — Interval Between Onset And Death: 3 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Malnutrition — 3 months

DUE TO

(c) Carcinomatosis from adenoca of sigmoid — about 1 year.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11 Feb 1954

19b. MAJOR FINDINGS OF OPERATION: Ca. of Sigmoid c metastasis - generalized intra abdominal

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Feb., 1954, to 15 Feb., 1954, that I last saw the deceased alive on 15 Feb, 1954, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wilfred W Eastman M.D. — ADDRESS 8700 Colesville Road, Silver Spring Md — DATE SIGNED 16 Feb 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2/18/54 — NAME OF CEMETERY OR CREMATORY Colesville Cemetery — LOCATION (City, town, or county) Montgomery County, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2/20/54 — REGISTRAR'S SIGNATURE Bessie M Thompson

24. FUNERAL DIRECTOR Warner & Dunphey — ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 47[illegible]

3. NAME OF DECEASED: (Type or Print) (First) Clark (Middle) Raymond (Last) Talbert
4. DATE OF DEATH: (Month) Feoruary (Day) 5 (Year) 19[illegible]
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 19 1921
9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Upholster
10b. KIND OF BUSINESS OR INDUSTRY: Upholstering
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Howard R. Talbert
14. MOTHER'S MAIDEN NAME: Catherine Roache
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Aunt: Mrs. Hazel T. Davis Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
181X
Immediate cause (a) Broncho-pneumonia — Interval Between Onset And Death: 1 week
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Carcinoma, squamous-cell, urinary bladder. — 18 months
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible] and that death occurred at [illegible], from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Naval Hospital, NNMC, Bethesda, Maryland February 1954

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
[illegible]

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE Mary E. Farrell
24. FUNERAL DIRECTOR ADDRESS
[illegible] Washington, D.C.

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BUREAU V. S.

Film#G162 Item# 7 3/12/54 emf

1707

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Coralsea Dr + Bowers Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jamesville (rural)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Marion (Middle) Eugene (Last) Thompson

4. DATE OF DEATH (Month) 2 (Day) 12 (Year) 1954

5. SEX male
6. COLOR OR RACE col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Oct. 20-30
9. AGE last birthday 24 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sewer Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Centerville, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Elton Thompson
14. MOTHER'S MAIDEN NAME Flossie Hallman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N.O. (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 220-26-5259
17. INFORMANT Elton Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9125 Immediate cause (a) Cerebral hemorrhage due to — INTERVAL BETWEEN ONSET AND DEATH: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fracture of skull — death

(c) fracture of 5th cervical vertebrae

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) Rockville (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) 2-12-54 (Day) (Year) (Hour) 11:55 a.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Struck by ditch machine

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 2-12-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/16/54
NAME OF CEMETERY OR CREMATORY Ebenezer
LOCATION (City, town, or county) Centerville, Md. (State)

DATE REC'D BY LOCAL REG. 15 Feb. 1954
REGISTRAR'S SIGNATURE Dorothy M Jacobson
24. FUNERAL DIRECTOR Chas. E. Hicks III ADDRESS Fred. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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FEB 13 1954
BUREAU V. S.

1786

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 4hrs 38min
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Prince
STATE Maryland COUNTY George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 7011 24th Avenue

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) Forte (Last) THOMSON

4. DATE OF DEATH: (Month) Feb (Day) 17 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-19-13

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY: House wife

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John W. FORTE

14. MOTHER'S MAIDEN NAME: Rosa BUTTS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY NO.: 578-32-5787

17. INFORMANT & ADDRESS: Husband Robert M. THOMSON 7011 24th Ave., Hyattsville, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

41 X

Immediate cause (a) Acute Congestive Heart Failure — Interval Between Onset And Death 2 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Rheumatic Heart Disease 20 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Feb ,19 54 , to 17 Feb , 19 54, that I last saw the deceased alive on 17 Feb , 19 54, and that death occurred at 5:23pm ..., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L.E. TEBOW CDR,MC,USN U.S. Naval Hospital, NNMC, Bethesda, Maryland 2-25-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 17 Feb 1954 | NAME OF CEMETERY OR CREMATORY George Washington Cemetery | LOCATION (City, town, or county) (State) Prince George Co, Maryland

DATE REC'D BY LOCAL REGISTRAR 18 February 1954 | REGISTRAR'S SIGNATURE Mary E. Russell

24. FUNERAL DIRECTOR TALTAVULL Funeral Home ADDRESS 3619 14th ST NW, Washington, D. C.

VS. A15

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2402 Dennis Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2402 Dennis Ave

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Cook (Last) Ticer

4. DATE OF DEATH (Month) 2 (Day) 19 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH March 24, 1917

9. AGE last birthday 36 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Mississippi

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William E. Cook

14. MOTHER'S MAIDEN NAME Myra Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. yes

17. INFORMANT AND ADDRESS Mr. Thomas Harold Ticer, 2402 Dennis Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9'4X

Immediate cause (a) Asphyxia due to hanging

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found in cellar of her home

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home

(CITY OR TOWN) Silver Spring (COUNTY) Monty (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 2-19-54 P.m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? hung self by neck with 1/2 in rope

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Frank J Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-19-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 2/23/54

NAME OF CEMETERY OR CREMATORY St. John's Cemetery

LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REG. 2/22/54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1788

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL) OR TOWN 406 Browning ave Takoma Park, Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS
MARYLAND LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Montgomery
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) TAKOMA PARK, Md.
STREET ADDRESS (If rural give location) 406 BROWNING Ave.

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) CHRISTINA (Last) WADE

4. DATE OF DEATH: (Month) Feb (Day) 23 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: 12/29/76

9. AGE Last birthday: 77 yrs. IF UNDER 1 YEAR Months Day IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. James Smellie

14. MOTHER'S MAIDEN NAME: Margaret Elizabeth Paull

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. W. Douglas Wade, 908 Domer Ave. Takoma Park, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 157X (a) DUE TO Generalized Carcinomatosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Carcinoma, Pancreas

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/12, 1947, to 2/23, 1954, that I last saw the deceased alive on 2/23, 1954, and that death occurred at 11:10 p m, from the causes and on the date stated above.

SIGNATURE (Degree or title) Dean A Harding M D ADDRESS 113 Carroll st NW, Wash DC DATE SIGNED 2/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE FILED 2/26/54 NAME OF CEMETERY OR CREMATORY St. Rose Cemetery LOCATION (City, town, or county) (State) Cloppers, Montgomery Co., Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 2 1954 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR Warner & Pumphrey ADDRESS 8434 Georgia Aye. Silver Spring, Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Mon Tg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Po Tomac
LENGTH OF STAY (in this place) 5 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine View Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mon Tg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 1105 Rockville Pike

3. NAME OF DECEASED: (Type or Print) (First) Josephine (Middle) A. (Last) Wagner

4. DATE OF DEATH: (Month) 2 (Day) 3 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Nov 15 - 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Pine View Rest Home Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X Immediate cause (a) Carcinomatosis — Interval Between Onset And Death: 2 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) C.A. Right Breast — 5 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1953 to 3 Feb, 1954, that I last saw the deceased alive on 3 Feb 1954, and that death occurred at 8:50 PM from the causes and on the date stated above.

SIGNATURE W. Shumley (Degree or title) MD ADDRESS Rockville Md DATE SIGNED Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Removal
DATE THEREOF 2-6-54
NAME OF CEMETERY OR CREMATORY Rock Creek
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 2/4/54
REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR The S H Hines Co. ADDRESS 2901-14th St Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ~~218~~ 217

1. PLACE OF DEATH:
COUNTY Mont. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 6Wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co, General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural give location) Russel Ave

3. NAME OF DECEASED: (Type or Print) (First) Forrest (Middle) Eddie (Last) Ward

4. DATE OF DEATH: (Month) Feb (Day) 20 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec 25, 1897
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months 1 Days 25 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer . Forman
10b. KIND OF BUSINESS OR INDUSTRY: at Canning Factory
11. BIRTHPLACE (State or foreign country): Woodfield Md,
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Ignatious Ward
14. MOTHER'S MAIDEN NAME: Alverta Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Percey Ward. Gaithersburg. Md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Intra-Cranial Hemorrhage — Interval Between Onset And Death: 6 weeks

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive - Cardio Vascular — Years

DUE TO (c) Disease

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 1954, to Feb. 20, 1954, that I last saw the deceased alive on Feb. 20, 1954, and that death occurred at 4:35 pm, from the causes and on the date stated above.

SIGNATURE Jack Schumacher (Degree or title) M.D. ADDRESS Gaithersburg, Md. DATE SIGNED Feb. 22, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-23-54
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) (State) Gaithersburg. Md

DATE REC'D BY LOCAL REGISTRAR Feb 22, 1954
REGISTRAR'S SIGNATURE Alruda G. Cooke
24. FUNERAL DIRECTOR Ernest C. Gartner. ADDRESS Gaithersburg. Md.

Feb 23-54 Gertrude B Lawler

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

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MAY 1 1954
BUREAU V. S.

1791

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Maryland
MARYLAND
LENGTH OF STAY (in this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center The National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia
COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington
STREET ADDRESS (If rural give location) 5118 15th Street, North

3. NAME OF DECEASED: (Type or Print) (First) Irene (Middle) A. (Last) Weiser

4. DATE OF DEATH: (Month) February (Day) 6, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-11-1897

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Minn,

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Anderson

14. MOTHER'S MAIDEN NAME: Helene Larson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ---

17. INFORMANT & ADDRESS: The Clinical Center NIH - Bethesda, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 174X

(a) DUE TO: Carcinosarcoma of uterus, metastases to abdominal and mediastinum nodes and liver — Interval Between Onset And Death: 9 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Subcapsular hemorrhage of liver, thrombosis of right femoral vein, embolism right pulmonary artery. — Probably 2 wks.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) --

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --

(CITY OR TOWN) (COUNTY) --

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from 1-11, 1954, to 2-6, 1954 that I last saw the deceased alive on 2-6, 1954, and that death occurred at 1:25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Donald P. Tschudy M.D. The Clinical Center, NIH, Bethesda, MD. 2-6-54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE THEREOF 2-6-54 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Lynchburg Va

DATE REC'D BY LOCAL REGISTRAR 2/8/54 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR — ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Dist. of Columbia COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 5607 Chevy Chase Pkwy. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Etta (Middle) May (Last) Wells
4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 1954

5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 3 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Card
14. MOTHER'S MAIDEN NAME: Emily ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Don - Arthur B. Wells - Silver Spg. Md. 2427 Eccleston

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage, Right
DUE TO Capsular hemorrhage with intraventricular extension
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO (c)

Interval Between Onset And Death: 12 days.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Jan, 1954, to 1 Feb, 1954, that I last saw the deceased alive on 1 Feb, 1954, and that death occurred at 1246 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William T. Runge M.D. ADDRESS 3705 Harrison St. N.W. DATE SIGNED 1 Feb '54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 2-4-54
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Maryland
DATE REC'D BY LOCAL REGISTRAR 2/2/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 36 Da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. Wash. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 5614 32nd St. N.W.
STREET ADDRESS (If rural give location) Washington D.C. ✓

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) none. (Last) Wenner.
4. DATE OF DEATH: (Month) Feb. (Day) 7 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married.
8. DATE OF BIRTH: Jan 18-1873
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): consultant
10b. KIND OF BUSINESS OR INDUSTRY: Physician
11. BIRTHPLACE (State or foreign country): Iowa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christian Wenner.
14. MOTHER'S MAIDEN NAME: Margaret Cokely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no.
16. SOCIAL SECURITY NO:
17. INFORMANT & ADDRESS: Wife. Mrs Lottie L. Wenner.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Right hemiplegia, severe with aphasia	5 wks.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral thrombosis	5 wks.
	DUE TO (c) Generalised Arteriosclerosis	10 yrs +
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitis	

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1953, to Feb 7, 1954, that I last saw the deceased alive on Feb 7, 1954, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Stewart Clark M.D. 3921 Ingomar St. N.W. 2-7-54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 2-10-54
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR 2/9/54
REGISTRAR'S SIGNATURE Bessie V. Thompson
24. FUNERAL DIRECTOR Robert T. Humphrey
ADDRESS Bethesda, Md.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 5 da. 18 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C.
STREET ADDRESS (If rural, give location) 4421 3rd St. - N.W.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Elwood (Last) White.

4. DATE OF DEATH (Month) 2 (Day) 8 (Year) 1954

5. SEX Male
6. COLOR OR RACE Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH 9-9-80
9. AGE last birthday 29 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist
10b. KIND OF BUSINESS OR INDUSTRY Dentist
11. BIRTHPLACE (State or foreign country) New York - N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George White.
14. MOTHER'S MAIDEN NAME Mary Carter.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

593X

Immediate cause (a) Hypertensive Heart Disease & congestive failure

Antecedent cause(s) Chronic Nephritis & renal insufficiency

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH ? yr ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Autopsy: Pneumonia, bronchi, bilateral, upper lobes Fibrinopurulent pleurisy, left.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1953, to 2/8/, 1954, that I last saw the deceased alive on 2/7/, 1954, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS 500 Underwood St. N.W. Wash. D.C. DATE SIGNED 2/8/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2-11-54
NAME OF CEMETERY OR CREMATORY Ft Lincoln Cem
LOCATION (City, town, or county) Pr Forger Co (State) Md.

DATE REC'D BY LOCAL REG. Feb 8-1954
REGISTRAR'S SIGNATURE J. Milton Dodd
24. FUNERAL DIRECTOR [illegible] ADDRESS 56 Rhode Isl. N.W. Wash. D.C.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 803 Dryden Street X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X
STREET ADDRESS (If rural, give location) 803 Dryden Street ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bertha	LaBarr	Wilford	Feb.	5	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Separated	Jan. 3, 1889	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Avondale, Pennsylvania	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John LaBarr	Mary Albaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Miriam Evans, 803 Dryden St. Silver Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Sudden death

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma, Cervix Uteri — 1½ yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from, natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bosshart	M.D	Gaithersburg Md	2-5-54

TRANSPORTATION	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Trans. Warner & P	2/5/54	Edge Hill Cemetery	Plymouth, Luzerne Co., Pa.

DATE RECEIVED BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-8-54	[signature]	Warner & Pumphrey	8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Olney
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring
STREET ADDRESS (If rural give location): 3408 Embry Road

3. NAME OF DECEASED: (Type or Print) (First) Infant (Middle) Girl (Last) Williams

4. DATE OF DEATH: (Month) February (Day) 13 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	single	2/11/54	yrs.		2	10	30

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		Maryland	U.S.A.

13. FATHER'S NAME: Chester Franklin Williams

14. MOTHER'S MAIDEN NAME: Violet Luella Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.0

Immediate cause — (a) ~~Congenital Atelectasis~~

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Subtentorial Hemorrhage 2 days

DUE TO (c)

Interval Between Onset And Death: 2 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/11, 1954, to 2/13, 1954, that I last saw the deceased alive on 2/13, 1954, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Sandy Spring Md. DATE SIGNED 2/14/1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-17-54	Park Lawn Cem	Montg Co Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-14-54	Gertrude B Lawlis	Leonard C Leizear	

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park.
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Maryland.
STREET ADDRESS (If rural, give location) 703 Graham Road.

3. NAME OF DECEASED (Type or Print) (First) Deborah (Middle) Jean (Last) Williams

4. DATE OF DEATH (Month) Feb (Day) 21 (Year) 1954

5. SEX female

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 3-12-51

9. AGE last birthday 2 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Mr. Albert Williams

14. MOTHER'S MAIDEN NAME Dorothy Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS pt Chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute lymphatic leucemia

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

204.0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/18/54 to 2/21/54, that I last saw the deceased alive on 2/21/54, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M D Nones ADDRESS MD 927 Pershing Dr. Silver Spring Md DATE SIGNED 2/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit DATE Feb 24-1954 NAME OF CEMETERY OR CREMATORY Olive Branch Cemetery LOCATION (City, town, or county) (State) Portsmouth, Norfolk County, Va.

DATE REC'D BY LOCAL REG. Feb 22-1954 REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR & ADDRESS Gunther & Talbert 2534 Penna Ave N.W. Washington 12, D.C.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Bethesda — LENGTH OF STAY (in this place) 1 hr 10 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Wash. D.C. — COUNTY 47-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 4801 Connecticut ave.
STREET ADDRESS (If rural give location) Washington D.C.

3. NAME OF DECEASED: (Type or Print) (First) Richard. (Middle) R. (Last) Williams

4. DATE OF DEATH: (Month) Feb. (Day) 7. (Year) 1954.

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 30, 1893

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months 2 Days 9 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Resident apt. engineer.

10b. KIND OF BUSINESS OR INDUSTRY: Engineering

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKOWN

14. MOTHER'S MAIDEN NAME: Ann. Boles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) yes W.W.I

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Wife Mrs. Mary Williams. 4801 Connecticut ave. Wash. D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death: 4 hrs.

420.1
Immediate cause (a) Coronary artery thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Coronary arteriosclerosis.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1948, to Feb. 7, 1954, that I last saw the deceased alive on Feb. 7, 1954, and that death occurred at 10:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Horace A. Gray Jr. M.D. — ADDRESS 104 Chevy Chase Dr. Chevy Chase Md. — DATE SIGNED 2/7/54.

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 2/10/54 — NAME OF CEMETERY OR CREMATORY Arlington Natl — LOCATION (City, town, or county) Fairfax — (State) Va.

DATE REC'D BY LOCAL REGISTRAR 2/8/54 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Joseph Bowlen Sons — ADDRESS 1756 Pa. Ave N.W. WASH. DC

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville 26
LENGTH OF STAY (in this place) 60
HOSPITAL OR INSTITUTION OR STREET ADDRESS Youngermans Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural, give location) 5418 Harewood Rd.

3. NAME OF DECEASED (Type or Print) (First) Ada (Middle) F. (Last) WOOD

4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Dec 18, 1867

9. AGE last birthday 86 yrs. If under 1 year: Months 2 Days 7 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George Eagle

14. MOTHER'S MAIDEN NAME Leathanna Glen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS 5418 Harwood Rd Mrs Robin E. Kelly - Beth., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cardiac failure	10 min
Antecedent cause(s)	(b)	generalized arteriosclerosis	Indefinite
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)		

450.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old fracture of hip. 2 mos

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/6/, 1954, to 2/25/, 1954, that I last saw the deceased alive on 2/24/, 1954, and that death occurred at 5:10 P. m., from the causes and on the date stated above.

SIGNATURE Stephen N. Jones (Degree or title) M.D. ADDRESS Rockville Md. DATE SIGNED 2/26/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit DATE 2-26-54 NAME OF CEMETERY OR CREMATORY Greenlawn LOCATION (City, town, or county) Franklin Co., Ohio (State)

DATE REC'D BY LOCAL REG. 2-26-54 REGISTRAR'S SIGNATURE Dorothy M. Jacobson

24. FUNERAL DIRECTOR Robert R. Humphrey ADDRESS Beth., Md.

RECEIVED
MAR 2 1904
BUREAU V. S.